MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11925 CERTIFICATE OF DEATH and requires that the death certificate be executed within 24 haurs after death completely filled in by the funeral 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Washington MARYLAND b. CITY OR TOWN (If outside carparate limits, CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neares town)
Hagerstown 1 papers. Pag thin 72 haurs years Hagerstown e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? 129 North Ave. 129 North Ave. YES NO NAME OF First Middle 4. DATE Month Lost Doy Year DECEASED HERBERT CLIFTON ADAMS August 15. 19 66 (Type or print) DEATH nany even 1F LINDER 24 HRS. S. SEX 6 COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF LINDER 1 YEAR 7. MARRIED **NEVER MARRIED** birthdoy) Dovs Hours white 11-9-1887 male WIDOWED * DIVORCED attending physician and permit. Then please resh 12. CITIZEN OF WHAT IDo. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) railway COUNTRY? during most of working life, even if retired) Waynesboro, Penna.

14. MOTHER'S MAIDEN NAME express agent 13. FATHER'S NAME Albertus Adams Ellen Fohl WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) 714-05-6910 Mrs. Virginia Healey, Hag., Md. no crematian, INTERVAL RETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Coronary Occlusion hours be retained by the haspital ar attending physician. DHE TO Conditions, if ony, which gove Hypertensive Cardio Vascular Disease vears rise to immediate couse (o). DUE TO stoting the underlying couse prior to l O FUNERAL DIRECTOR: After this certificate has been the (c) Hemiplegia 3 vears 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) use Health NO Sc YES far 2Do. ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20c. TIME OF INJURY Month, Doy, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) factory, street, office bldg., etc.) Not While of work ot work 21. I certify that (1) (this haspital) attended the deceased from May 1 1966, that (I) (we) last 1966 to Aug. 75. 19 66, and that death accurred at 5 P M, fram causes and an the date stated above. saw the deceased alive an Ana 75 22b. DATE SIGNED 220. SIGNATURE K M.D. PHYS. DIRECTOR PHYS. 8-16-66 TO HOSPITAL (Page 4 may b 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Washington St. Hagerstown. director, 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 8-18-66 Waynesboro Penn GISTRAR 25b. REGISTRAR'S SIGNATURE Green Hill Cemetery Penna 24. FUNERAL DIRECTOR VR A15 (4) Minnich Funeral Home, Hagerstown, Md. Melianles 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 deal PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND WASHINGTON WASHINGTON MARYLAND by the Pages CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) within 72 hours = HAGERSTOWN 11 YRS. HAGERSTOWN d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 710 ANTIETAM DRIVE 710 ANTIETAM DRIVE YES NO A within etely completely ive carbon 3. NAME OF First Middle Last DATE Month 4. Day Year DECEASED event, (Type or print) SR. DEATH GEORGE LESTER BATLEY AUGUST 19 66 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS remove last birthday) | Months | Days any and MALE WHITE WIDOWED APRIL 11,1914 DIVORCED 5 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT ician during most of working life, even if retired) INDUSTRY COUNTRY? WASHINGTON CO. . MD. SHEET METAL WORKER U.S.A. physic n plea death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ROBERT BAILEY SARAH FINK 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT SUACEDIAGORGAN NID. (Yes, no, or unkown) (If yes give war or dates of service) MRS. CYNTHIA M. BAILEY 710 ANTIETAM DR. 214-09-6341 transit per cremation 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN signed by th ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO rain Tuenars Conditions, If any, which gave rise to Immediate the character DUE TO cause (a), stating the underlying cause last. 38 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health use certificate PERFORMED? NO T YES [this cer-letached fo 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work at work v the 21. I certify that (I) (this hospital) attended the deceased from that (I) (we)-last 3 should with the 66, and that death occurred at 73 M, from the causes and on the date stated above. saw the deceased alive on_ aucis 22a. SIGNATURE 22b. DATE SIGNED OIR page ATTENDING X 8/26/1966 DIRECTOR O HOSPITAL FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) D. WILSON M.D. NORTHERN AVE. HAGERSTOWN. MD. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) HAGERSTOWN, MARYLAND ROSE HILL CEMETERY 25a. REC'D BY REGISTRAR | 25b. RECISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR CHARLES M. ROUZER HAGERSTOWN. MARYLAND VR A15 (4) 20M 1/65

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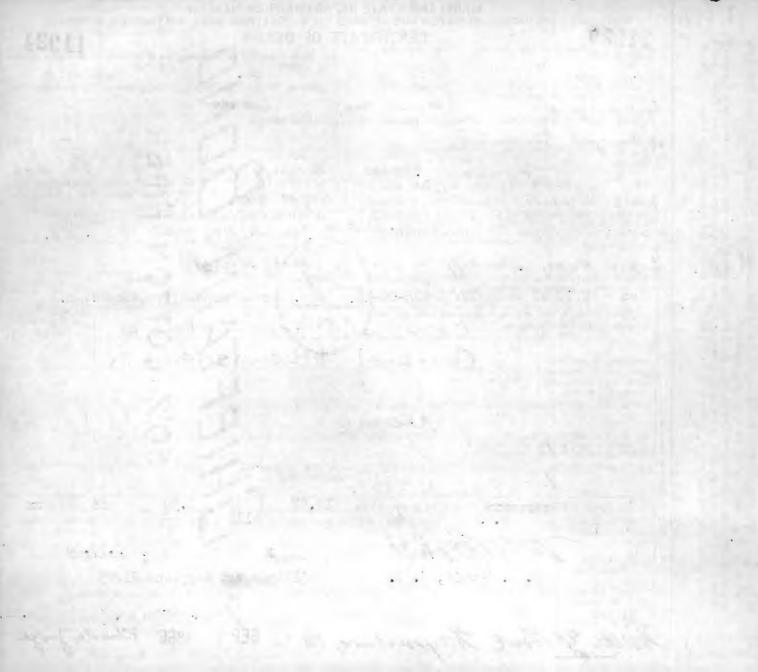
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH eoth requires that the death certificate be executed within 24 haurs after death filled in by the funeral papers. Pages I and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Washington MARYLAND Marvland c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Hagerstown Hagerstown e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS Washington County Hospital 115 South Potomac within / YES T NO V 3. NAME OF Middle 4. DATE Cu First Last Manth Day Year the attending physicion and completely sit permit. Then please remove called DECEASED Ang. Rebecca Baker 19 (Type or print) Annie DEATH 9 IF UNDER 24 HRS. 9. AGE (In years last birthday) IF UNDER S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED 6ve Months Dovs Hours WIDOWED White DIVORCED August 31.1882 Female rem 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) **INDUSTRY** COUNTRY ? Waynesboro, Penna. Home House 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removal. John Smith Annie Burkett 16. SOCIAL SECURITY NO. 17 INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? S. Potonac St permit. 5 (Yes, no, or unknown) (If yes give war ar dates of service) Mrs Ethel 219-12-1125 Hagerstown. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 2 hours buriol-tronsit PART I. DEATH WAS CAUSED BY: Coronary Occlusion IMMEDIATE CAUSE (a) _ signed by DUE TO Conditions, if ony, which gove Arteriosclerotic Cardiac Disease Several years rise to immediate cause (a). DUE TO os the stoting the underlying couse TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been Obesity PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? detoched for use to Dept. of Health NO T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (Stote) Not While factory, street, office blda., etc.) of work at work should be , 1965, to Aug. 22., 1966, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram July 1. 19 66, and that death accurred at 6:15 M, fram causes and an the date stated above. saw the deceased alive an July 22. 22b. DATE SIGNED 220. SIGNATURE DIRECTOR PHYS. Aug. 22. 1966 director, page 3 should be filed v M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) E. W. Ditto. 215 W. Washington St., Hagerstown, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (Stote) 23a. BURIAL, CREMATION 23b. DATE THEREOF REMOVAL (Specify) Rest Haven Cenetery Havers 24 FUNERAL DIRECTOR COTTUAN Funeral 25b. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR ADDRESS Home Inc. AUG 25 1966 Ochanles Hagerstown Marvland.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY WASHINGTON b. COUNTY WASHINGTON MARYLAND and completely filled in by the i emove carbon papers. Pages 1 any event, within 72 hours after MARYLAND b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN LIFE HAGERSTOWN e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? MARTIN MANOR NURSING HOME 523 SUMMIT AVE. NO X NAME OF DATE Month Middle DECEASED ANNIE ARBELIA BUELDR AUGUST 19 66 16 (Type or print) DEATH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED FEMALE WIDOWED Y DIVORCED 12. CITIZEN OF WHAT 1Da. USUAL OCCUPATION (Give kind of work done | 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)
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	y with	들병병		OFFICE (Type or print) Herman	Richard	Benchoff	DEATH aug	30 1966
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		1 2	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 46	SOCIAL SECURITY NO. 17.	INFORMANT	Address	
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	* re	is by		underlying cause last. (c)				
	to Hospital or Attending Physician: The law requires that t Page 4 may be retained by the hospital or attending physician.	To FUNERAL DIRECTOR. After this certificate has been signed by the attending of visician director, page 3 should be detached for use as the burial-transit permit. Their please is should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	Werzo	TED TO THE TERMINAL DISEAS	SE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO NO
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	ATTE retai	short the		saw the deceased alive on 6.20	<u>19 66</u> , and that	death occurred at 11A		on the date stated above.
	No.	ed 33 EE S		MALINE WALLES	while M.D.	ATTENDING MED. PHYS. DIREC	OTACC .	•30•66
	TAL	KAL J		22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS		
	OSPI	Les de la constant de		M. E. Byrki			t Maryland 217	
	0 H	o dire	23a	REMOVAL (Specify)	23c. NAME OF CEMETERY		d. LOCATION (City, town o	
		0	24.	FUNERAL DIRECTOR	Rest Haver	25a. REC'D BY	lagerstown, Ja registrari 256, regist	Shington Co. Hd
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 70 after death, funera deat and PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) Pages 1 b. COUNTY WASHINGTON PENNSYLVANIA MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) papers. Page hin 72 hours 24 hours HAGERSTOWN 1 MONTH Ξ. CHAMBERSBURG d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within FRIENDSHIP MANOR CONV. HOME LINCOLNWAY NO S YES within completely carbon 3. NAME OF First Middle Last DATE Month Dav Year DECEASED N.M.N. HARRY RENDER (Type or print) DEATH AUGUST 19 66 executed SEX 6. COLOR OR RACE гетоле ev. 7. MARRIED OATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED last birthday) | Months | Days Hours any and MALE WIDOWED X DIVORCED OCTOBER. .≘ physician on please r 10a. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT COUNTRY? 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) and INDUSTRY RETURED PAINTER WOLF CO. FRANKLIN CO certificate II.S 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova attending principles of the standard st JACOB BENDER CHRISTINA KELNER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? transit permit. 16. SOCIAL SECURITYNO, 1 17. INFORMANT Address PENNSYLVANIA death ((Yes, no, or unknwn) (If yes nive war or dates of service) NĊ 175-03-1090 MRS. GROVE R.D CHAMBERSBURG the n signed by the burial-transit p burial, cremati CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN that the ONSEL AND DEATH PART I. OEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) DUE TO The law requires Conditions. If onv. which (b) been gave rise to immediate as the prior to DUE TO cause (a), stating the underlying cause last. has (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY r this certificate for use detached for use te Dept. of Health for use Health PERFORMED? NO F hospital PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING [20b. OESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURREO 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While After While at work p.m 19 at work 9 1966. that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from shoul DIRECTOR: saw the deceased alive on 3 sho 19<u>66,</u> and that death occurred a .M., from the causes and on the date stated above. 228. SIGNATURE OATE SIGNED 22b. page ATTENDING PHYS. STAFF DIRECTOR __ 12/1966 M.D. PHYS. тау TO FUNERAL | director, pa HOSPITAL PHYSICIAN'S **AOORESS** 22c. 22d. NAME (Type) ROBERT CONRAD WASH. ST. HAGERSTOWN. MD. Should BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Soecify) 1966 LINCOLN CEMETERY CHAMBERSBURG. PENNSYLVANIA 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 25a. REC'O BY REGISTRAR 1966 SELLERS FUNERAL HOME CHAMBERSBURG, PENNA. VR AI5 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) b. COUNTY WASHINGTON a. COUNTY a. STATE hours after WASHINGTON MARYLANO b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b HAGERSTOWN 20 YRS. HAGERSTOWN d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? 106 HOLLYWOOD HOSPITAL RD. NO X COUNTY law requires that the death certificate be executed within E 00 NAME OF First Middle Last DATE Month DECEASED \@\# FAY BOWARD DEATH AUGUST 66 (Type or print) ${f GLENDORA}$ 19 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED AGE (In years | IF UNDER 1 YEAR last birthday) | Months | Days IF UNDER 24 HRS 8. DATE OF BIRTH ove Hours WIOOWEO [DIVORCED [10a. USUAL OCCUPATION (Give kind of work done) 10b. KING OF BUSINESS OR (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? U.S.A HOUSEWIFE
13. FATHER'S NAME HOME MARYLAND attending phy grmit. Then p n, or removal, 14. MOTHER'S MAIOEN NAME FLORENCE SHEARER CLTFFORD E YOU

15. WAS DECEASED EVER IN U.S. ARMEO FORCE 16. SOCIAL SECURITY NO. | 17. INFORMANT KENNETH W. BOWARD by the attendance in the bar the matter of the permit. HAGERSTOWN (Yes, no or unkown) (If yes give war or dates of service) 219-12-1088 CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Frant R 1 2 Month, C Ciryxonia IMMEDIATE CAUSE (a) burial-burial DUE TO Conditions, If any, which gave rise to Immediate **OUE TO** cause (a), stating the underlying cause last. 88 WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? YES F NO I 20a. ACCIOENT WAS UNDERLYING OR CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part | or Part || of Item 18.) (State) 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work p.m. 7-28 1966 to 6-19 19-6 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from. DIRECTOR: age 3 should led with the and that death occurred at 9 R.M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNEO MED. 8-22-66 page 22d. ADORESS director, p PHYSICIAN'S JUHAI JY. HURNIBAKER A LU, WASHINGTON JT. STAGERS TOWN M. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 8/22/66 REST HAVEN CEM. HAGERSTOWN MD. 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, N	MARYLAND
CERTIFICATE OF DEATH	1927
a. STATE MARYLAND B. COUNTY E	Residence before admission)
write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL ATTINIVALISTIMAL)	489.7
WASHINGTON CO HOSpital Blue Ridge Summed, Type	e. IS RESIDENCE ON A FARM? YES NO S
OFCEASED (Type or print) (FORGE MICHAEL DYANG DEATH HUG	Bay Year 3 1946
WIDOWED DIVORCED Y/2 16 last birthday) Months yrs.	Days Hours Min.
INDUSTRY Washing life, even if retired) INDUSTRY	OUNTRY?
GEORGE MUVERY BRAND JR Lloise Curinings BI	RAND
WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address Active Address Active Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate (b) Julium (dy. a. 1-12 mbrane)	3610
cause (a), stating the (19. WAS AUTOPSY
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part I) of Item 18	PERFORMED? YES NO
	inty) (State)
Hour a.m. While Not While factory, street, office bidg., etc.) p.m. 19 at work factory, street, office bidg., etc.)	
saw the deceased alive on 3/3 1966, and that death occurred at 6/5 1/2 M, from the causes and on the	he date stated above. ATE SIGNED
ATTENDING MED. STAFF DIRECTOR PHYS. 22c. PHYSICIAN'S	15/6b
BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or co	unty) (State)
BREMOVAL (Specify) 8-9-66 ARLINGTON NATIONAL ARLINGTON,	VA.
FUNERAL DIRECTOR ADDRESS 125a. REC'D BY REGISTRAR 25b. REGISTRAR	'S SIGNATURE
5.6	PLACE OF DEATH CERTIFICATE OF DEATH COUNTY 1. COUNTY



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. CDUNTY b. CDUNTY Washington Maryland WAShing MARYLAND Pages of Sages b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TDWN (If outside corporate limits, write RURAL and give nearest town) write RURAL/and give nearest town) 18 hrs1 Hagerstown Laverstown .⊑ filled in papers. in 72 to d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE DN A FARM? YES NOT. The law requires that the death certificate be executed within With completely pou First Middle DATE Month Day DECEASED 1966 (Type or print) 0104 DEATH 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 9. NEVER MARRIEDA last birthday) | Months WIDDWED DIVORCED [10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR physician Il please r (County & State, or fergion country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? USA None 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address 50 (Yes, no, or unkown) (If yes give war or dates of service) Max H. Brown Hagerstown, Md. transit perm cremation, None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN DISET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 18186/1515 been signe the burial-or to burial, DUE-TO Conditions, If any, which (b) gave rise to immediate BUE: TO cause (a), stating underlying cause last. (c) 83 CERTIFICATION WAS AUTDPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? YES 😿 NO I 208. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part II of Item 18.) ਰੱਚ 20c, TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, Office bldg., etc.) Hour a.m. Not While While retained by p.m. at work at work 1966 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should lied with the and that death occurred at 1221 M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. MED. DIRECTOR TO HOSPITAL O Page 4 may t M.D. PHYS. PHYS. FUNERAL 22c. PHYSICIAMS 22d. ADDRESS director, p should be NAME (Type) OHMA NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION. LOCATION (City, town or county) (State) REMOVAL (Specify) Moriah Cometery Foxv1 Co. Md. Fred. 1e ceres ADDRESS 25b. **REGISTRAR'S SIGNATURE** REC'D BY REGISTRAR reager VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11534 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEP PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. Maryland o. COUNTY b. COUNTY, ry delay is 2, and 3 to PM3. Page ÷ deoth, ..oni.. ton "shin ton MARY, AND b CITY OR TOWN (If outside carporate limits, c LENGTH OF STAY IN 1b c CTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neorest_town) 10 Years Ha erstown Hagerstown R.6 d NAME OF HOSP TAL OR INSTITUTION (If not in hosp to, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? hours e, writing the word "pending in penal in Item 18. Give Pages 1, forwarded to the Chief Med col Examiner's Office along with form Oak Hoad Oak Road YES NO This certificate should be executed within 24 hours after death. 3 NAME OF Midd e DATE First LOST Month DECEASED George Filliam Burral August (Type or print) DEATH S SEX 6 COLOR OR RACE 8 DATE OF BIRTH 9 AGE (n years IF UNDER 1 YEAR F UNDER 24 HRS 7. MARRIED T NEVER MARRIED lost birthdoy) Haurs Dovs June 15,1950 WIDOWED -ale 10g USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR during most of working life, even if retired) **INDUSTRY** COUNTRY? Lercersburg, Penna. avne Junk. Co. Grine ber. 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME John W. Burral Effie 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, are nknown) (If yes give war or do tes of service) used as a burial-transit permit, burial, cremation, or removal. Hagerstown. Rt. 6 Burral lira Thelma d. 83-12-1391 INTERVAL BETWEEN ONSET AND DEATH SUGGEN 18 CAUSE OF DEATH (Enter only one couse per ne for (a), (b), and (c) PART 1. DEATH WAS CAUSED BY Coronary occlusion IMMEDIATE CAUSE (a) ___ DUE TO Conditions, if any, which gove athrosclerosis vears rise to immediate couse (o), DUE TO stoting the underlying couse 19 WAS AUTOPSY PERFORMED? PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOL NO T YES 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18) PRIMARY CONTRIBUTING CONTRIBUTING CAUSE OF DEATH 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fown) (County) (State) 20c TIME OF INJURY Month, Doy, Year factory, street, office bldg , etc) Not Vhile of work of work 21. I certify that I taak charge of the remains described above, held an Autapsy . Inspection 🛣 Inquiry [7] and in my apinian the funerol director. death resulted from: Naturah causes Accident . **∆**uicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 5 may be reto
TO FUNERAL DI
Reolth or its c ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 7580 Northern Ave. **EXAMINER'S** Address (Street, cty, town, or county) Hagerstown. Md. NAME (Type) Howard N. Week TEMETERY OR CREMATORY BURIAL, CREMATION. 23d LOCATION (City or Town) REMOVAL (Specify) Cedur Lawn Cenetery Huserstorn, ..d 25b. REGISTRAR'S SIGNATURE offian Funeral Hone Inc. 2So. REC'D BY REGISTRAR VR ATSME (S DATE SEP 1986 Marvland



10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physical and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Hellth prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician.

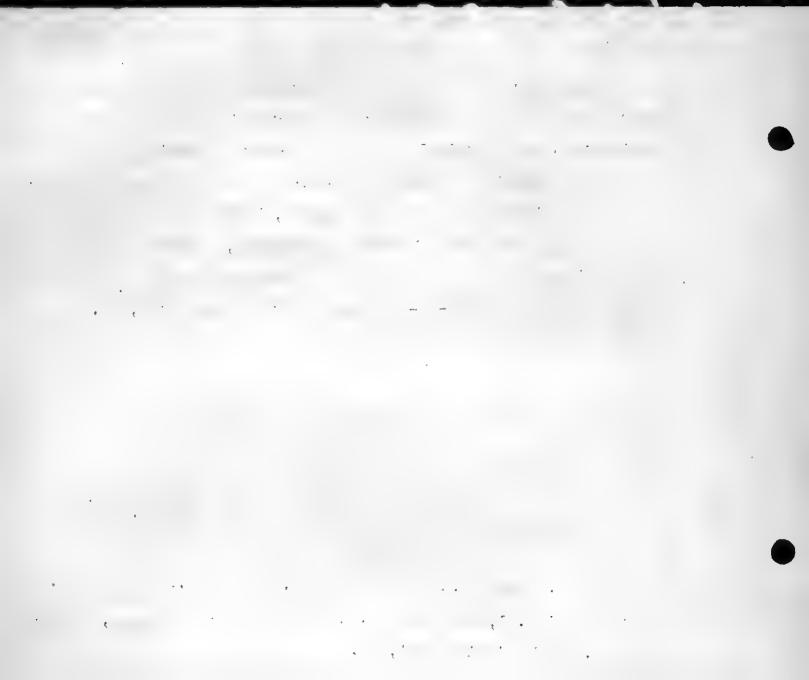
executed within 24 hours after death.

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MARYLAND STATE DEPARTMENT OF STATESTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE DF DEATH a. CDUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)							
Washington MARYLANO	a. STATE Maryland Washington							
b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town)							
Hagerstown two days	Hagerstown							
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 6. IS RESIDENCE							
Washington County Hospital	632 George Street VES NOX							
3. NAME OF First Middle	Last 4. DATE Month Oay Year							
DECEASED (Type or print) Georgia Anna	Castle DF August 29 1966							
	8 DATE OF RIGHT							
	last Dirthday) Months Days Hours Min.							
1Da. USUAL OCCUPATION (Give kind of work done L. 10h, KIND OF RUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT							
during most of working life, even if retired) INDUSTRY	COUNTRY?							
Mender & Polisher Shoe Factory	Hagers town Maryland USA 14. MOTHER'S MAIDEN NAME							
Frank Lowman								
	Jennie McCauley INFORMANT 632 CoorAddress chroat							
(Yes, no, or unkown) (If yes give war or dates of service)	oly deathe priegr							
No 214-09-5750 Rul	by Castle Hagerstown, Md.							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND/OEATH							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Coma Zuk.							
28/1 OUE TO								
Conditions, If any, which) (b) Internet	- Circhasis Genes.							
gave rise to immediate								
cause (a), stating the OUL TO underlying cause last. (c)								
	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY							
	PERFORMED? YES \ NO \							
20a, ACCIDENT WAS UNDERLYING (1) 20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of Injury in Part I or Part II of Item 18.)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO SEATH BUT NOT REL	THE STATE OF THE S							
20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)							
Multe Wot while	ry, street, office bldg., etc.)							
	uly 27 1966 August 29 1966, that (I) (we) last							
21. I certify that (I) (this hospital) attended the deceased from J saw the deceased alive on August 28 19 66, and that	t death occurred at 1:25M, from the causes and on the date stated above.							
22a. SJGRATURE 22b. DATE SIGNED ATTENDING MEO. STAFF S 20 66								
								M.O. PHYS. 22d. ADDRECTOR PHYS. 1 22d. ADDRESS
Charles C. Spencer, M.D.	115 S. Prospect St., Hagerstown, Md.							
233. BURIAL, CREMATION, 1 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)								
REMDYAL (Specify)								
24 FUNERAL DIRECTOR ADDRESS 25%, REGISTRAR'S SIGNATURE								
	DATE AUG 30 1956 Petrarles Judge							
Albert L. Leaf Williamsport, Md.	I DATE TO THE TANK OF THE TANK							

A15 1/65



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BAILTHAMPE I, MARYLAND 11005 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11005 MEDICAL EXAMINER'S CERTIFICATE OF MEDICAL EXAMINER CONDITIONS OF DEATH OF DEAT	- 16 H	te	では 1002人 11 で 2 g MARYLAND STATE DEPARTMENT OF HEALTH	
HEALIN DET. PLACE OF DEATH S. COUNT Company Com	- No. 1		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
a. COUNTY Washington B. CHORT Washington B. CHOR	FOR STATES		11935 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11931	
Manual Description Section Manual Color Manua	HEALTH DEPT.		PLACE OF DEATH 1. 2. USUAL RESIDENCE (Where decessed lived, If institutions Residence before edum.	15510 ff
THE ALL CALLES OF SEARCH STATE OF THE STATE	公务 。全		TY TY O COUNTY	
THE ALL CALLES OF SEARCH STATE OF THE STATE	F. Pa		b. CITY OR TOWN (if outs de corporete limits, t. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outs de corporete limits, write RURAL and give neerest town)	-
ANAME OF HOSPITAL OR RESTRICTION (I we in houghle, give viveal and death) The airplay RFD #1 NAME OF COLLAR RESTRICTION (I we in houghle, give viveal and death) The airplay RFD #1 NAME OF COLLAR RESTRICTION (I we in houghle, give viveal and death) The airplay RFD #1 NAME OF COLLAR RACE NAME OF COLLA	2 2 3 %	R		
Fairplay RFD #1	ard y are	d.,	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospita., give street address) d. STREET ADDRESS e. IS RES.D	
ARMED SERVICE OF THE STATE OF T	D P			
Type or pont) Gustavus Werber Catlett DEATH Aug. 16 966 1966 Section of the post vive is under the post vive	fund and a state		NAME OF First Middle Last 4. DATE Month Day Year	E.3
Male	the retained de de		(Type or pupil) (Taranta and Additional State of the Stat	
The first of the f	4 2 2 4 2	Ĩ.	SEX 6. COLOR OR RACE T MARRIED & NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR, IF UNDER 24	
TO SET	des ad 3 and 3 will will irs		Male White WIROWED DIVORCED April 7 1917 Hours /	Min.
Machinist Samuel Stump Catlett REPD #11 Samuel Stump Catlett Repolition of the samuel Stump Catlett Repolition of the samuel Stump Catlett Samuel St	fter 2, al 5 nd 1d 2 hot	10a	. USJAL OCCUPATION (Give kind of work 10b. KIND OF 8US.NESS OR INDUSTRY 11. BIRTHPLACE (Stete or foreign country) 12 CITIZEN OF WHAT COU	JNTRY
Alice Manor Samuel Stump Catlett Stump	s 1, 3 age 1 an 72		ne during most of working life, even if retired)	
S. WAS DECEASE OF DEATH [Enter only one cause per line for (e), (b), and (el.) 15. WAS DECEASE OF DEATH [Enter only one cause per line for (e), (b), and (el.) 16. CRUSE OF DEATH [Enter only one cause per line for (e), (b), and (el.) 17. PART I, DEATH WAS CAUSE BY, IMMEDIATE CAUSE (e) 18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), and (el.) 18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), and (el.) 18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), and (el.) 18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), and (el.) 18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), and (el.) 18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), and (el.) 18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), and (el.) 18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), and (el.) 18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), and (el.) 18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), and (el.) 18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), and (el.) 19. PART II DEATH (Enter only one cause per line for (e), (b), and (el.) 19. PART II DEATH (Enter only one cause per line for (e), (b), and (el.) 19. PART II DEATH (Enter only one cause per line for (e), (b), and (el.) 20. EXTENDIAL CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (el.) 20. EXTENDIAL CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (el.) 20. EXTENDIAL CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (el.) 20. EXTENDIAL CAUSE OF DEATH [Enter only one cause per line for (e), (el.) and in mix and in	hour ages 7. Pages hin			_
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bath.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 1932 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death. arban papers. Pages I artis. ht, within 72 hours ofter death the attending physician and campletely filled in by the funeral sit permit. Then please/remave/carban papers. Pages I and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Washington Md. Wash. MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 18 years Hagerstown d STREET ADDRESS e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 26 West Side Ave. Washington County Hospital YES NO [3. NAME OF Middle 4 DATE Month Year First Lost Doy DECEASED MINERVA IRENE COSGROVE August, 14 66 19 DEATH (Type or print) 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE DATE OF BIRTH 7 MARRIED NEVER MARRIED 10st birthdoy) Months Dovs Hours frmale white April 22.1898 DIVORCED WIDOWED 14. BIRTHPLACE (County & Stote or foreign country) 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 1Do JSUAL OCCUPATION (Give kind of work done 2 COUNTRY? dur no most of work og life even fret red) neat treating INDUSTRY and aircraft mfg. Dry Run, Md. 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME ar remayot, Joseph Householder Annie Trumpower 16 SOCIAL SECURITY NO. 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 219-20-4278 Harry L. Cosgrove, Hagerstown, Md. no INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per fine for (a), (b) and (c)) ONSET AND DEATH buriol-transit PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Coronary Atherosclerosis, Severe With Occlusion Recent signed by 1 TO HCSPITAL OR ATTENDING PHYSICIAN: The taw requires the Page 4 may be retained by the haspital ar attending physicion. DUE TO Of Right Coronary Artery Conditions, if any, which gave (b) Myocardial Infarct, Early, Posterior Wall Of rise to immediate couse (a), DUE TO Left Ventricle. stoting the underlying couse as the priar to TO FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) use MEDICAL CERTIFICATION Health YES 3X NO jo 20o ACCIDENT WAS UNDERLYING □ 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) Stote Dept. 2De PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED foctory, street, office bldg, etc.) of work 21. I certify that (1) (this haspital) attended the deceased fram... , 1966 , ta 8-1), , 1966 , that (I) (we) last 8-12-1966 and that death occurred at 6P M, fram causes and an the date stated above. saw the deceased aliveran_ B_711_ 22b. DATE SIGNED 22o. SIGNATURE STAFF PHYS 8-1.6-66 DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) W. Washington St. Hagerstown Ditto_Jr director, should be 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) 23o. BUR AL CREMATION BEMOVAL (Specify) 8-17-66 Cedar Lawn Cemetery Hagerstown, Md. 25b. REGISTRAR'S SIGNATURE 25o. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 1956 Melizales VR A15 (4) 🕟 Minnich Funeral Home, Hagerstown, Md. 20 M 1/66

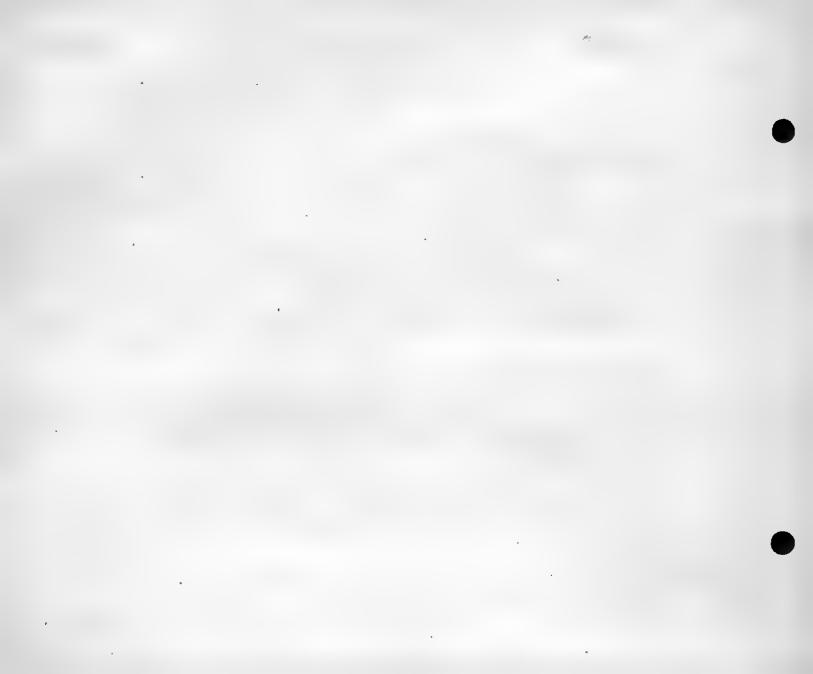
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 r death. hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY Washington b. COUNTY by the finance 1 by after ours after Maryland MARYLAND rederick b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Hagerstown c. LENCTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) attending physician and completely filled in by rmit. Then please remove carbon papers. Pag n, or removal, and in any event, within 72 hours Knoxville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE 24 ON A FARM? Washington County Hobpital NO 🗌 YES NAME OF DECEASED First Middie Last DATE Month Day Year DF ABBIE (Type or print) DARR DEATH 19 6. COLOR OR RACE | 7. MARRIED X NEVER MARRIED 5. SEX DATE OF BIRTH ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months Davs Hours \mathbf{F} W. 8 WIDOWED [DIVORCED [10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT COUNTRY? West Virginia II.S cermicate 13. FATHER'S NAME MOTHER'S MAIDEN NAME John Longerbeam 15. WAS DECEASED EVER INU.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address has been signed by the attenast he burlal-transit permit. prior to burlal, cremation, or r death (Yes, no, or unkown) (If yes give war or dates of service) no John Darr Knoxville. 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating underlying cause last. has (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTOPSY for use Health use The T PERFORMED? certificate NO [YES OR ATTENDING PHYSICIAN: be retained by the hospital this certury detached for 2Da. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) be de State factory, street, office bldg., etc.) Hour a.m. After While Not While p.m. at work at work DIRECTOR: Asage 3 should lied with the S 9 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 7.237M, from the causes and on the date stated above. saw the deceased alive on O a 19/4/ 22a. SICNATURE 22b. DATE SICNED page STAFF PHYS. MED DIRECTOR M.D. 4 may TO HOSPITAL FUNERAL ADDRESSHagerstown PHYSICIAN'S 22d. director, p should be and NAME (Type) 23d, LOCATION (City, town or county) BURIAL, CREMATION, 1 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Knoxville Md บทร์ลไ Brunswick, Md. COMO TRED DE RECISTRAR FUNERAL DIRECTOR 25b. REGISTRAR'S SICNATURE 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11537 CERTIFICATE OF DEATH low requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY ashington MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Hagerstown c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown Days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) d. STREET ADDRESS IS RESIDENC ON A FARM? 127 Elm St ™∝shington County Hospital YES NO K NAME OF 4. DATE Doy DECEASED (Type or print) DENNIS DAVIS RICHARD 1966 August DEATH IF JNDER 1 YEAR IF JNDER 24 HRS 9. AGE (In years 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthdoy) Doys Hours "ai te WIDOWED July 37 1936 12 CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRYZ during most of working life, even if retired) Hagerst wn Wash Co ...a. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME signed by the ottending physeburial-transit permit. Then the Helen Jane Harbaugh Robert J. Davis IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service Mone Davis 1 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate couse (a), DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been last. 19. WAS AUTOPS' PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN RART 1(a) YES X NO 205. DESCRIBE HOW INJURY OCCUPRED. (Enter noture of injury in Put 20o. ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. factory, street, office bldg , etc.) of work L 18/66 19 21. I certify that (I) (this haspital) attended the deceased fram_ 7/27/66.19 be retained 1966, and that death accurred at 114011M, fram causes and an the date stated above. saw the deceased alive an_ 220 SIGNATURE 22b. DATE SIGNED **ATTENDING** M.D. 22d, ADDRESS 22c. PHYSICIAN'S director, should 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BUR AL CREMATION. 23b. DATE THEREOF REMOVAL (Specify) Hose will Cenetery wersto un 2Sb REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1966 Coffman Funeral Hone Inc



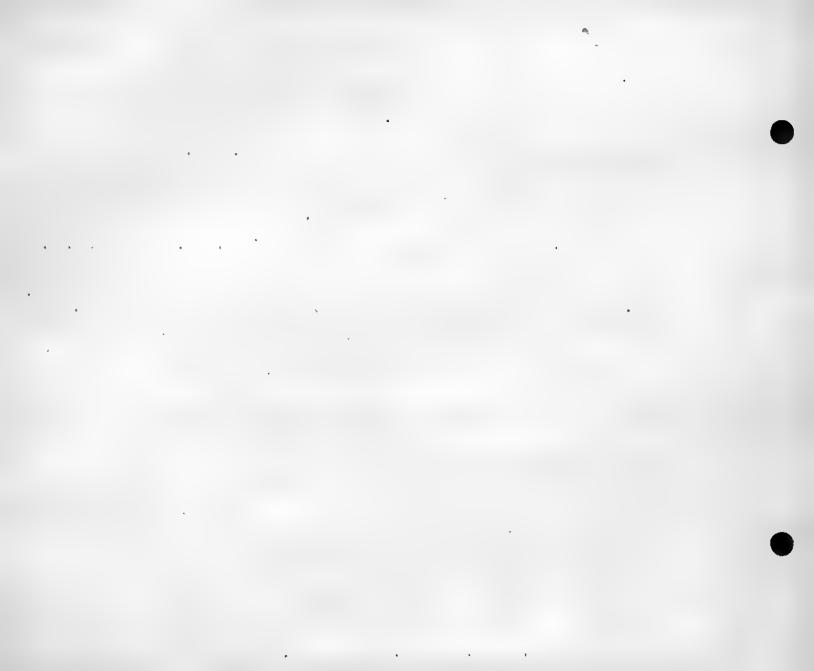
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND, CERTIFICATE OF DEATH funeral and/2 death. hours after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY **b. COUNTY** Pages 1 urs after Washington Marvland MARYLAND Washington b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 3 hours Williamsport 12 yrs. .= Williamsport bon papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS B. IS RESIDENCE ON A FARM? Church Street E. Church YES NO Y executed within completely carbon NAME OF First Last Month Middle DATE Day Year DECEASED Effa Virginia Kendall (Type or print) DEATH Ditto 19 AUE 2 19 66
AGE (In years) IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | 8. DATE OF BIRTH remove last birthday) Months Hours апу and Female WIDOWED K DIVORCED [] Feb. attending physician a ermit. Then please re on, or removal, and in a = 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A during most of working life, even if retired) INDUSTRY Housewife Maryland Home The law requires that the death certilicate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Martha Boltz George B. Kendall ed by the attend transit permit. cremation, or re 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT 1639 Timberlaws Drive (Yes, no, or unkown) | (If yes give war or dates of service) 7 Mrs. Annabelle Pearman Hagerstown Md rial, cre-INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Thrombosis) HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. Recent signed Just been s. ve buria. buriz OUF TO Arteriosclerotic Cardio Vascular Disease Cenditions, if any, which Several years gave rise to immediate DUE TO cause (a), stating the as th certificate has the ched for use as to the contract of the chedith prior underlying cause last. (c) CERTIFICATION PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES T NO TH After this certified be detached for State Dept. of 8 20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from Feb. 10. 19_66, that (I) (we) last ___ 19 66 to Aug. DIRECTOR: Age 3 should lifed with the 19.66, and that death occurred at 5.30M, from the causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING MED. 53 PHYSICIAN'S FUNERAL 22d. ADDRESS director, p should be NAME (Type) Washington St., Hagerstown, Md. BURIAL, CREMATION. 23h. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) -66 Pauls Cemetery Near Clearspring 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS Maryland DATE AUG Leaf Williamsport. Jennie VR A15 (4)

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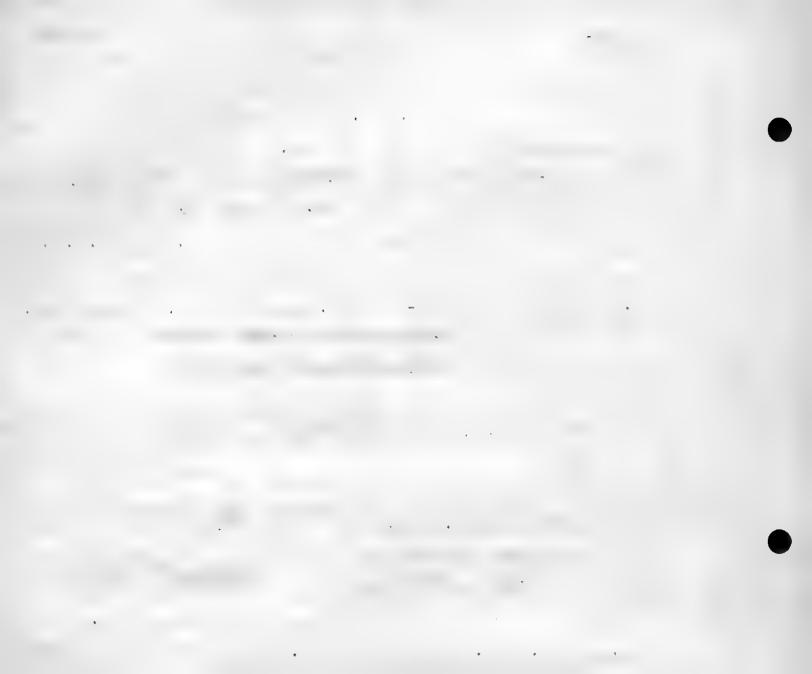
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11941 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death completely filled in by the funeral ave carban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) p. COUNTY b COUNTY Washington Maruland Washinaton MARYLAND b. CITY OR TOWN (If autside carparate limits. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest fawn) write RURAL and give regrest town) Hagerstown 25 Ura Haaerstown d NAME OF HOSPITA, OR INSTITUTION (if not in haspital give street address) IS RESIDENCE d. STREET ADDRESS Washington County Hospital III. 201 E. Franklin NO 🔽 3 NAME OF Middie A DATE last Day Year DECEASED (Type or print) gannie. Virginia August 25 Druru 19 66 DEATH 6 COLOR OR RACE 9 AGE (In years IF UNDER I YEAR IF UNDER 24 HRS S SEX DATE OF BIRTH 7 MARRIED NEVER MARRIED birthday) Manths White Female August 6, 1905 WIDOWED DIVORCED and in arity 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CIT ZEN OF WHAT 10g, USUAL OCCUPATION (Give kind of work done Own Home during most of working life, every if retired) COUNTRY? Martinsburg, W. Ua. 13. FATHER S NAME James Orr Jeannie Mae Crawford IS. WAS DECEASED EVER IN J.S. ARMED FORCES? 17 INFORMAN Address Hagerstown, Md. 16. SOCIAL SECURITY NO. (Yes, no or unknown) (If yes give wor or dotes af service) Not Known 201 E. Franklin St. INTERVAL DETWEEN ONS T AND DIALE 18. CAUSE OF DEATH (Enter only one couse per line for (a) (b).
PART I. DEATH WAS CAUSED BY: **burial-transit** IMMEDIATE CAUSE (o) DUE TO Canditians, if ony, which gave rise to immediate cause (a). DUE TO stating the underlying couse Page 4 may be retained by the hospital ar attending O FUNERAL DIRECTOR: After this certificate has been as the last. PART II OTHER SIGNIFICANT CONDITIONS COMES BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION OFFEN IN PART 160 19. WAS AUTOPSY PERFORMED? CERTIFICATION be detached for use State Dept. of Health NO 20₀. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office blda. etc.) Not While ot work 2]. I certify that (I) (this haspital) attended the deceased from 180 (a, that (I) (we) last saw the deceased olive on and that death occurred M, from couses and an the date stated above of 22a, SIGNATUR directar, page 3 shauld be filed v M.D. DIRECTOR 22d ADDRESS 22c (PHYSICIAN NAME (Type NAME OF CEMETERY OR CREMATORY (County) (State) BUR AL, CREMATION, (City or Town) REMOVAL (Specify) Burial Wash Rest Haven Cemetery Hagerstown REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR VR A15 (4) C 20 M 1/66 Rest Haven Funeral Chanel Hagerstown Md



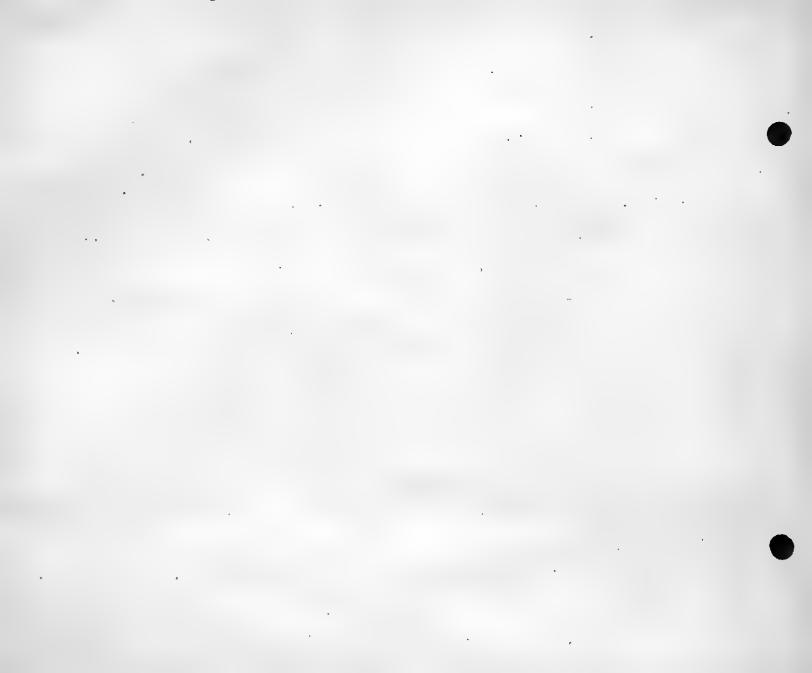
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11942 1937 CERTIFICATE OF DEATH the attending physician and campletely filled in by the funeral seit permit. Then please remaye are not 2 hours after death. The law requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) COUNTY Washington o STATE 6. COUNTY MARYLAND Marvland Washington b. CITY OR TOWN (If outside carporate limits, c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 write RJRAL and give nearest town) Yre. Hagerstown Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? d. STREET ADDRESS an NO X Martin Manor Rest Home 108 Coffman Ave. YES -3. NAME OF Middle First Lost 4 DATE Month Doy Year DECEASED OF Alvev Roy Dubel August 23, 19 (Type or print) DEATH IF UNDER 24 HRS S. SEX B. DATE OF BIRTH AGE (In years E UNDER 1 YEAR 6 COLOR OR RACE X 7. MARRIED **NEVER MARRIED** lost birthdoy) Manths Days Hours WIDOWED DIVORCED Male White Feb. 11. 1887 70 6 12 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if setired)
Farmer (Ret.) INDUSTRY COUNTRY? Farming Frederick Co. . Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Jacob Dubel Charlotte Renner 1S. WAS DECEASED EVER N J S ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Add Hagerstown, Md. (Yes, no, or unknown) (If yes give wor or dotes of service) 220-34-1194 Mrs. Maude Dubel, 108 Coffman Ave. cremation. INTERVAL BETWEEN ONSET AND OCATH 18. CAUSE OF DEATH (Enter only one couse per line for (n) (a), and (s) burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying couse TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been the lost. PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? far use YES -NO 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (City or town) (County) Hour o.m Not While factory, street, office bldg., etc.) at work of work 19 64, that (I) (we) lost 21. I certify that (1) (this haspital) attended the deceased from should and that death occurred at 128P. M. fram causes and an the date stated above. sow the deceosed alive on-22o. SIGNATURE ATTENDING director, page 3 should be filed v M.D. DIRECTOR PHYS PHYS 22c. PHYSICIAN'S 22d ADDRESS NAME (Type) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATOR) 23d. LOCATION (City or Town) 23o. BURIAL, CREMAT ON, (County) (State) REMOVAL (Specify) 8- 26- 66 Benevola Maryland Benevola Cemeterv 25b REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 24 FUNERAL DIRECTOR Charles Judge John H. Bast, Jr. 112 N. Main St. Boonsboro, Md DAIAUG VR A15 (4) 20 M T/66



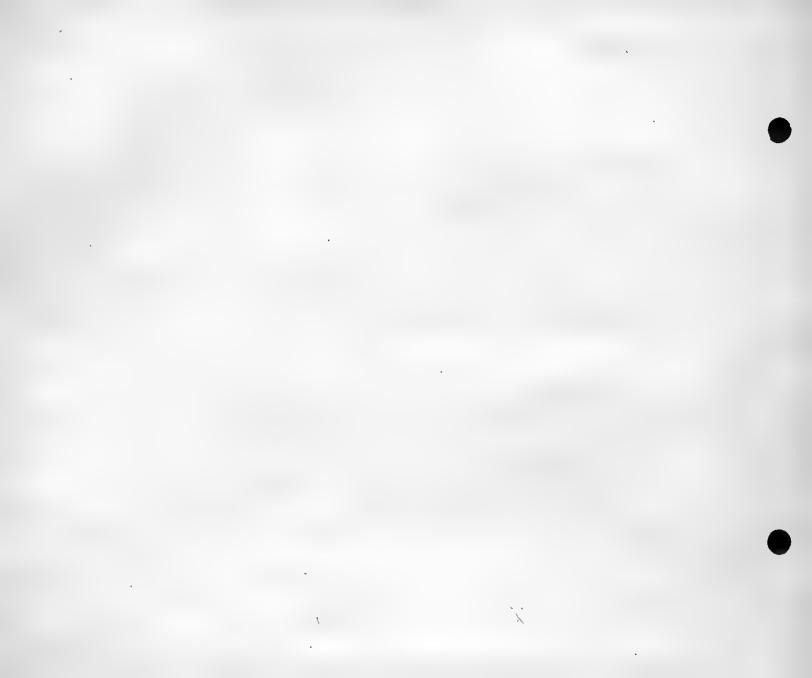
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11938 11943 CERTIFICATE OF DEATH 24 hours after death. and a funeral I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Washington o. STATE COUNTY MARYLAND Marvland b CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 1b. papers. Pag hin 72 hours c write RURAL and give nearest town) 2 M. 12 D. Rural Boonsboro Hagerstown d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENC ON A FARM? filled Western Maryland State Hospital Rfd. 2 Ē YES NOT requires that the death certificate be executed within 3. NAME OF Middle 4. DATE carban Lost Month Doy Year campletely DECEASED OF DEATH FIORENCE (Type or print) 1966 S SEX 6 COLOR OR RACE AGE IF JNDER 24 HRS NEVER MARRIED (In veors remove birthdoy) Doys lost Months Hours DIVORCED Female White 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT ease during most of working life, even if retired) Own Home COUNTRY? U. S. A. Rohrersville. Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME remova Scott Reeder Sarah Catherine Morgan WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates at service) Mrs. Mildred Martz Rfd. 2. Boonshoro, Md cremation, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). CONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY RTERIOSCIEROTIC HEART DISEASE IMMEDIATE CAUSE (o) signed by 1200 **DUE TO** GRERIOSCIEROSIS, GENERAL 11 Conditions, if only, which gove rise to immediate couse (a) DUE TO attending stoting the underlying couse 9 the last. WAS AUTOPSY PERFORMED? II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) has NO j 20o. ACCIDENT WAS UNDERLYING [205, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18) be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. Not While factory, street, office bldg., etc.) at work of work O FUNERAL DIRECTOR: After 2]. I certify that (I) (this hospital) attended the deceased fram. should saw the deceased plive an alle 9.38, 19 66, and that death accurred at 1.28 M, from couses and an the date stated above. 22n. SIGNATURE 22b. DATE SIGNED DIRECTOR PHYS PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, should be 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23d. LOCATION (City or Town) (County) (Stote) 8- 31- 66 Boonsboro Cemetery Boonsboro, Md. 2So REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) DATE AUG John H. Bast, Jr. 112 N. Main St. Boonsboro Md. 20 M 1/66



T death.	MARYLAND STATE DEPARTMENT OF HEALTH 11044 CERTIFICATE OF DEATH MARYLAND STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH
1	a. COUNTY WASHINGTON MARYLAND B. COUNTY WASHINGTON
_	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) HAGERSTOWN C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN AGERSTOWN
_	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) MARTIN MANOR CONV. HOME d. STREET ADDRESS o. IS RESIDENCE ON A FARM? YES \(\text{NO } \text{NO } \text{X} \)
3	DECEASED (Type or print) MARGARET F. ERWIN DEATH AUG. 23 19 66
	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years last birthday) Months Days Hours Min. FEMALE WHITE WIDOWED DIVORCED 9/6/1896 9/7s.
	Da. USUAL OCCUPATION (Give kind of work done in the property) 10b. KIND OF BUSINESS OR INDUSTRY HOMEMAKER 11. BIRTHPLACE (County & State, or foreign country) WASHINGTON CO. MD. 12. CITIZEN OF WHAT COUNTRY? U.S.A.
	DAVID ARTZ, JR. 14. MOTHER'S MAIDEN NAME UNKNOWN
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address NO NOE WELFARE BOARD HAGERSTOWN, MD.
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. OCCUMENTATION OF CHARACTER (b) DUE TO Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. OCCUMENTATION OF CHARACTER (C).
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1 (a) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1 (a) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1 (a) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1 (a) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1 (a) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1 (a) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1 (a) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1 (a) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1 (a) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN III. OTHER SIGN
MEDICAL CERT	
	21. I certify that (I) (this hospital) attended the deceased from 1664, 1945 to 825, 1966, that (I) (we) last saw the deceased alive on 1/22 1966, and that death occurred at AM, from the causes and on the date stated above. 22a. Signature M.D. ATTENDING MED. STAFF PHYS. 8/23/1966
	22c. PHYSICIAN'S NAME (TYPE) GEORGE JEWNINGS M.D. 22d. ADDRESS 318 N. POTOMAC ST. HAGERSTOWN, MD.
	Ba. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Soecify) 8/25/1966 ROSE HILL CEMETERY HAGERSTOWN, MARYLAND ADDRESS 125a. REC'D BY REGISTRAR 125b. REGISTRAR'S SIGNATURE
	CHARLES M. ROUZER HAGERSTOWN, MARYLAND DATE AUG 29 1966 Cuarles Junger



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 11945 CVI and 2 death. executed within 24 hours after death Sompletely filled in by the funeral PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) g. COUNTY **b** COUNTY van papers Pages 1 within 72 hours after MARYLAND b CITY OR TOWN (If outside corporate limits c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURA, and give nearest town) ex 5 d STREET ADDRESS B IS RESIDENCE ON A FARM? NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) YES NO TV AND NAME OF DATE Doy Year DECEASED Type or print DEATH AGE (In IF UNDER NEVER MARRIED remove uthdoy) Hours Davs GNY WIDOWED DIVORCED 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fore 12 CITIZEN OF WHAT country) and in during most of work ng life, even if retired) please COUNTRY? INDOSTRY signed by the attending physiciary, burial-transit permit. Then please law requires that the death certificate MCS 13. FATHER'S NAME MOTHER'S MAIDEN NAME remova Seu TIETTA G IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dates of service) INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) ord (c)) burial-transit PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' DUE TO burial Conditions, if ony, which gove rise to immediate cause (o), DUE 10 stoting the underlying cause attending TO FUNERAL DIRECTOR: After this certificate has been far use as the Health priar to WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES Page 4 may be retained by the hospitol or 20o ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH State Dept. of detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour o.m. foctory, street, office bidg , etc.) While Not While 19 ot work ot work þe 21. I certify that (1) (this haspital) attended the deceased from should and that death accurred at 27KM, from causes and an the date stated above saw the deceased prive an 22o SIGNATURE 22b BAFE SIGNED MED STAFF **ATTENDING** director, page 3 shauld be filed v M.D. DIRECTOR PHY5 ADDRESS 22c. PHYSICIAN'S NAME (Type) 23o BURIAL, CREMATION, DATE IMEREOF NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) 23b 23€ (County) B REMOVAL (Specify) 250. REC'D BY REGISTRAR
DATE SEP 2 24. FUNERAL DIRECTOR ADDRESS 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 1966



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 11565 requires that the death certificate be executed within 24 hours after death. by the funeral Pages 1 and 2 nours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) d. COUNTY Washington MARYLAND c. LENGTH OF STAY IN 16 b CITY OR TOWN (If autside carparate amits, c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) write RUPAL and give nearest town) 62 Years Rural d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? Smithsburg R. F. D. #2 Smithsburg r f d # 2 YES X NO 3 NAME OF Middle DATE Firs 1 Lost Month Day DECEASED Franklin Joseph Fiery 1966 29 Aug. (Type or pant) DEATH 8. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 9. AGE (In years 7 MARRIED NEVER MARRIED lost, birthday) Manths White Male November 4 1878 WIDOWED DIVORCED and 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT during mast of warking life even if retired) INDUSTRY COUNTRY? attending physician permit. Then prease Clearspring Md.

14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME crematian, ar remav Albert T Fiery Catherine M Gaver 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes give war ar dates of service) No. Miss. Martha C Fiery Smithsburg R. F. B INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)
PART I. DEATH WAS CAUSED BY. signed by the burial-transit ONSET, AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave nse ta immediate couse (a), DUE TO stating the underlying cause the has been last PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REPATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS ALTOP PERFORMED? CERTIFICATION be detached far use State Dept. of Health NO O FUNERAL DIRECTOR: After this certificate 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) at work 21. 1 certify that (1) (this hospital) attended the deceased frame and 19____that (I) (we) last Page 4 moy be retained _19 lela, and that death accurred at M. fram causes and an the date stated above. saw the deceased alive forces 29 22a. SIGNATURE 22b., DATE SIGNED STAFF MED. DIRECTOR directar, page 3 should b∎ filed v M.D 22d, ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a, BUR AL, CREMATION 23b. DATE THEREOF (County) (State) REMOVAL (Specify) Smithsburg Cemetery Smithsburg REGISTRAR'S SIGNATU 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR Minnich Funeral Home Smithsburg Md. DATE AUG 20 M 1/66



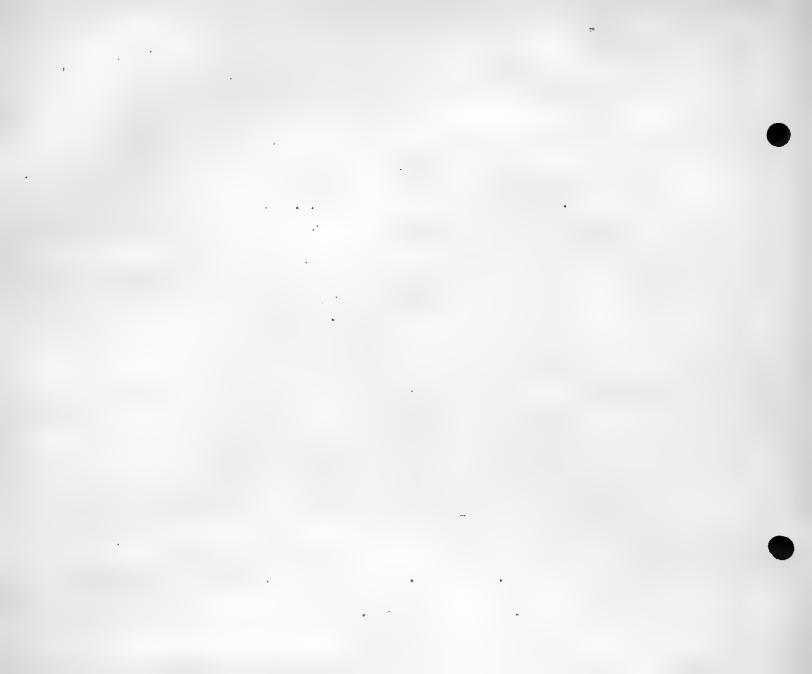
1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
E ROLL	11947 CERTIFICATE OF DEATH
24 hours after death filled in by the funeral apers. Pages 1 and 72 hours after death	1. PLACE OF DEATH a. COUNTY WAS KINGTON MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE Pa. b. CDUNTY Franklity
nours afture in by the s. Pages hours afture in the property afture in the property in the pro	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Was Cers found WK RURAL and give nearest town)
	d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS WED NINGTON CO. HOSPITAL. O. STREET ADDRESS ROZ-Green castle Pa. VES D NO A
completely ve carbon peent, while	NAME OF DECEASED (Type or print) DAVID SETH FORSYTH OF DEATH ALIGNAFIC 1966
executer and coint any extension any extension any extension any extension and coint any extension and extension a	75. SEX 6. CDLDR DR RACE 7. MARRIED NEVER MARRIED 8. DATE DF BIRTH 19. AGE (In years FUNDER 1 YEAR IF UNDER 24 Hrs. 19. AGE (In years FUNDER 1 YEAR IF UNDER 24 Hrs. 19. AGE (In years FUNDER 1 YEAR IF UNDER 24 Hrs. 19. AGE (In years FUNDER 1 YEAR IF UNDER 24 Hrs. 19. AGE (In years FUNDER 1 YEAR IF UNDER 24 Hrs. 19. AGE (In years FUNDER 1 YEAR IF UNDER 24 Hrs. 19. AGE (In years FUNDER 1 YEAR IF UNDER 24 Hrs. 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 Hrs. IF UNDER 24 Hrs. 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 Hrs. IF UNDER 24 Hrs. IF UNDER 24 Hrs. 19. AGE (In years IF UNDER 24 Hrs. IF UNDER 24 Hrs.
te be e ysician hlease	10a. USUAL OCCUPATION (GIVE kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY COUNTRY? Grocery Store-owner aperator Clears Pring, Md. U.S.A.
ertifical ding ph Then removal	13. FATHER'S NAME Clyde Forsyth' Nellie L. Forsyth
death c e atten oermit.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITYNO. 17. INFORMANT POR Address 1202. (Yes, no, or unkown) (If yes give 12 20-30-758) - (Kyde Forsytt) - Greeneaste, Pa.
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within be retained by the hospital or attending physician. INECTOR: After this certificate has been signed by the attending physician and completely sp. 3 should be detached for use as the burial-transit permit. Then please remove carbon are with the State Dept. of Health prior to burial, cremation, or removal, and in any prent, which	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac dilitation—congestive heart failure Total Cause of Death (c) Interval Between onset and Death (c) Interval Between (c) Interval
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO (b) Hypertensive vascular disease & extreme obesity 10 yrs. DUE TO (c)
The lay or atte cate har use a leafth pr	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO X
JING PHYSICIAN: The law required to by the hospital or attending latter this certificate has been a be detached for use as the bestached for the state bept, of Health prior to the state bept.	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED factory, street, office bldg., etc.) Hour a.m. p.m. 19 And While at work a
OR ATTENDING be retained by INECTOR. After ie 3 should be ed with the Stat	21. I certify that (I) (this hospital) attended the deceased from 2-10-64, 19, to 8-16-66, 19, that (I) (we) last saw the deceased alive on 8-15-66, 19, and that death occurred at 2000 from the causes and on the date stated above.
D HOSPITAL OR ATTENDIPEGE 4 may be retained by FUNERAL DIRECTOR: Adirector, page 3 should be filed with the	22a. SIGNATURE ATTENDING MED. STAFF DIRECTOR PHYS. 8-16-66
O HOSPITAL OR Page 4 may be of FUNERAL DIR director, page should be filed	NAME (Type) Wm. C. Brewer, M.D. Greencastle, Penna.
TO Fa	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LDCATION (City, town or county) (State) REMOVAL (Specify) 8/18/66 51. PAUL CEMETERY OF CREMATORY 23d. LDCATION (City, town or county) (State) 24. FUNERAL DIRECTOR 25b. REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15 (4) 15M 4-64	a.E. Munuch-Greeneastle, Pa, AUG 18 1966 yourses yunge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR CERTIFICATE OF DEATH hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. GOUNTY a. STATE Washington Maruland MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Haaerstown c UMA Kaaerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled e. IS RESIDENCE d. STREET ADDRESS paper ON A FARM? 7 Glenside Ave. Glenside Ave. thin NO DO YFS within completely NAME OF DECEASED Middle Last DATE Dav Year × DF John Russell. Froehlich (Type or print) DEATH HUGUST 1966 executed SEX 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min. 6. GOLOR OR RAGE 7. MARRIED X NEVER MARRIED remove and any Male Jan 15.1886 WIDOWED DIVORGED [= 10a USUAL OCCUPATION (Cive kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLAGE (County & State, or fereign country) 12. CITIZEN OF WHAT physician death certificate be during most of working life, even if retired) COUNTRY? USA Power Co. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending ph remova George Froehlich Virainia Mau Rohrer Address Hagerstown, Md. enside Hve. 15. WAS DEGEASED EVER IN U.S. ARMED FORGES? 16. SOCIAL SECURITY NO. INFORMANT 9 (Yes, no, or unknwn) [(If yes give war or dates of service) D17-10-9549 the 18. CAUSE DF DEATH [Enter only one cause perfine for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE GAUSE (a) Signed DUE TO buri Conditions, If any, which peen gave rise to immediate DUE TO cause (a), stating the prior underlying cause last. (c) PART II. OTHER SIGNIFIGANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) WAS AUTOPSY for use Health PERFORMED? FICATI this certificate detached for use YES NO 💢 20a. AGGIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDIGAL EXAMINER) DESGRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OGGURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Gounty) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should ifed with the and that death occurred ato (4) M. from the causes and on the date stated above. deceased alive on 22b. DAYE SIGNED TO FUNERAL DIRE director, page 3 should be filed w MED. STAFF DIRECTOR M.D. PHYS. PHYS. TO HOSPITAL ADDRESS 22d. Washington St., Hagerstown, Md. 23d. LOGATION (Gity, town or county) BURIAL, CREMATION, 1 23b. NAME OF GEMETERY OR CREMATORY (State) REMOVAL (Specify) Surial dagerstown REG'D BY REGISTRAR'S SIGNATURE VR A15 (4) Juneral Chanel Hagerstown Md. 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death: death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. CDUNTY a. STATE b. COUNTY after WASHINGTON hours after MARYLAND WASHINGTON MARYLAND Pages b. CITY DR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY DR TOWN (If outside corporate limits, write RURAL end give nearest town) papers. Pagi write RURAL and give nearest town)
HAGERSTOWN 27 DAYS HAGERSTOWN .⊑ filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET AODRESS 8. IS RESIDENCE ON A FARM? 24 WASHINGTON COUNTY HOSPITAL 140 W. ANTIETAM STREET YES NO K within 3. NAME OF First carpon Middle Last DATE Month Day ete DECEASED event, Comple (Type or print) CHARLES GILES DEATH CLIFTON AUGUST 19 66 executed 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED X NEVER MARRIED гетфуе last birthday) | Months | Days Hours I and MALE WIDOWED . OIVORCED SEPT. 17,1911 12. CITIZEN OF WHAT COUNTRY? U.S.A. Ξ. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) physician ease during most of working life, even if retired) INDUSTRY and WASHINGTON CO. MARYLANI FTREMAN RAILROAD death certificate 石 removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME en attending remit. Ther JAY GILES EMMA PLANK HACTERIORS WIN MARY LAND 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ed by the attenctransit permit. 16. SOCIAL SECURITY ND. (Yes, no, or unkown) (If yes give war or dates of service) 214-09-2174 MRS. CHARLOTTE GILES 140 W. ANTIETAM ST INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] requires that the ONSET AND DEATH transi PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). signed been signer the burial for **DUE TO** Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the prior underlying cause last. 35 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY for use Health use PERFORMED? certificate YES Z NO 20a. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. OESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) ached flept. of I MEDICAL 20c. TIME OF INJURY Month, Day, Year (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) det factory, street, office bldg., etc.) Hour a.m. Not While p.m. 19 at work at work present 3 should with the 21. I certify that (i) (this hospital) attended the deceased from to. that (I) (we) last DIRECTOR: saw the deceased alive on , and that death occurred at... _M, from the causes and on the date stated above. 22a, SIGNATURE 22b. DATE SIGNED page ATTENDING PHYS. MED.
DIRECTOR M.D. PHYS. O HOSPITAL PHYSICIAN'S 22d. ADDRESS FUNERAL 22c. director, p should be 1 NAME (Type) EDSON B. MOODY M.D. HAGERSTOWN MD Page BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LDCATION (City, town or county) (State) 23a. REMOVAL (Specify) HAGERSTOWN MARYLAND AUG. 16.1966 ROSE HILL CEMETERY REC'D BY REGISTRAR 24. FUNERAL DIRECTOR **ADDRESS** 25b. REGISTRAR'S SIGNATURE 1966 VCharles Judge b CHARLES M. ROUZER HAGERSTOWN, MARYLAND VR AIS 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLANDI MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY Washington Maryland MARYLANO the funeral 5 may b. CITY OR TOWN (If outside corporate limited)
write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Rural Williamsport days Rural Williamsport RED # d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS any delay is 2, and 3 to t ON A FARM? Washington County Hospital YES X NO Route #63 First MIdd!e 4. DATE NAME OF Last Month DECEASED City City Ronald Charles (Typa or print) Godsard DEATH Aug. 19 66 er death. If a live Pages 1, with form 5 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED X lest Dirthday) Months Days after death. White Male WIDOWEO DIVORCED March 4 1Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT Give Public Student School U.S.A Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles M. Gossard Ethel O. Wright 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Williamsport Md. 16. SOCIAL SECURITY NO (Yes, no, or unkown) Mr. Charles Gossard EXAMINER: This certificate should be executed within none RFD INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: burial-transit cremation, or Bilateral pneumothorax रिक्ष में हो के महत्त्व IMMEDIATE CAUSE (e) 1 day DUE TO multiple fractured ribs Conditions, if any, which geva rise to immediate DUE TO cause (s), stating the underlying cause lest. goring by a bull PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS ALTOPSY PERFORMED? Multiple contusions, abrasions, lacerations, concussion, YES -2Da. EXTERNAL CAUSE WAS PRIMARY PO OF CONTRIBUTING COUSE OF DEATH. 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) ld be Pt. gored by a bull in a field 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Day, Year factory, street, office bidg., etc.) While Not While at work Rural Williamsport. 8/21 1966 Md. Farm CTOR: Page designated Inspection X, 21. I certify that I took charge of the remains described above, held an Autopsy | |, and in my opinion DIRECTOR: Undetermined manner Accident X Suicide Homicide death resulted from: Natural causes CHIEF MEDICAL EXAMINER 8/22/66 22. DATE SIGNED **ACTUAL** ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 💢 Northern Ave please exidirector. Address (Street, city, town, or county) Hagerstown. Howard N. Weeks M.D. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION.I Burial (Specify) 0,0 Harmony Cemetery Marlowe W. Va 25-66 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Charley 1966 Albert L. Leaf Williamsport, Md. VR A15ME (5)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11951 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) Washington a. STATE COUNTY the attending physician and completely filled in by the fun sit permit. Then please respects agaban papers. Pages 1 (MARYLAND Marvland Washington b CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN (If outside carparate limits, write RURAL and a ve nearest town) C. LENGTH OF STAY IN 16 write RURAL and give nearest town)
Brownsville Life Brownsville d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS B IS RESIDENCE ON A FARM? YES 🔲 NO X NAME OF 4. DATE Lost Month Day Year DECEASED OF Alice Contance (Type or print) DEATH 19 66 August even 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED R DATE OF BIRTH **NEVER MARRIED** last birthday) Manths Davs Female White WIDOWED DIVORCED Sept. 4, 1880 10a JS_AL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 1: BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during most of working life, even if refired)
housewife INDUSTRY COUNTRY? Brownsville. Md. Own Home U. S. A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rmanuel Jennings Angie Brown 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes give war ar dates of service) Mr. John E. Grim, Brownsville, Md. No. INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one cause per line for (q), (b), and (c)), burial-transit but on The The row Est. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). by physician DUE TO signed b Conditions, if any, which gove rise to immediate cause (a), DUE TO stating the underlying cause as the TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? of far use of Health p when) werp NO 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of Item 18.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) factory, street, affice bldg., etc.) at work of work Many + 1947 to Hugan 19, 1966, that (1) (we) last 220. SIGNATURE DATE SIGNED **ATTENDING** MED. DIRECTOR 20-1766 M D. PHYS director, page should be filed 22d, ADDRESS 22c. PHYSICIAN'S JOSEPH SECONDARI BOONSBIRO NAME (Type) 230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify)
Burial 8- 22- 66 St. Lukes Cemetery Brownsvillen Md.

STRAR 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) John H. Bast, Jr. 112 N. Main St. Boonsboro, Md DATE AUG 2 3 Marley Judge 1966 20 M 1/66



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. and and death PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) **b. COUNTY** Washington Washington Maryland MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) mpletely filled in by I carbon papers. Page rent, within 72 hours a Lifetime Williamsport Williamsport d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? Vermont St. S. Vermont No X YES completely NAME DE First Middle DATE Month Day Year DECEASED DF DEATH event, Nettie (Type or print) Lee Grimes 19 66 Aug. 6. COLOR OR RACE | 7. MARRIED AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min. DATE OF BIRTH remove NEVER MARRIED Female White WIDDWED X DIVORCED March 8 1867 99 hrysicián a n přease re val, and in a 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? death certificate he Williamsport Md. Home U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal, attending by ermit. Then Jonathan Bowser Dorathea Judith Hartman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ed by the attend transit permit. cremation, or n 18 S. Vermont St. (Yes, no, or unkown) (If yes pive war or dates of service) Miss Ida Grimes Williamsport None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN been signed by the burial-transit or to burial, crema ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the hospital or attending physician. DUE TD Cenditions, If any, which gave rise to Immediate DUE TO cause (a), stating the oligez o as th underlying cause last. PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY r this certificate hadetached for use a te Dept. of Health p PERFORMED? 0221 ND YES [20a. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY-OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (State) should be de't factory, street, office bldg., etc.) Hour a.m. While at work Not Wille at work retained by p.m. 1959 to August 21. I certify that (I) (this hospital) attended the deceased from. 19.66. that (1) 0/704 last DIRECTOR: Age 3 should lied with the and that death occurred at 25M, from the causes and on the date stated above. saw the deceased alive on August 19.66 22a. SIĞNATURE 22b. DATE SIGNED page MED. 8.8.66 HOSPITAL FUNERAL 220. PHYSION S TO FUNERAL director, p should be ? 22d. ADDRESS NAME (Type) Byrkit. M. Williamsport Maryland 21795 BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LDCATION (City, town or county) (State) Burial (Specify) Aug. 10-66 Riverview Cemetery Williamsport Md 250. REC'D BY REGISTRAR 250, REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS Jennie E. Leaf Williamsport Md. AI5 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH



1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND STATISTICAL RESEARCH AND RECORDS AND RECORDS AS THE PROPERTY OF THE			
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death.	1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY b. COUNTY			
	b. COUNTY OF TOWN (If outside corporate limits, c. LENCTH OF STAY IN 1b c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town)			
hours and in by rs. Page 2 hours	HABERSTOWN Iday RELIATER TO HABERSTOWN			
24 ho filled papers. in 72 h	d. NAME OF HOSPITAL OR INSTITUTION (If not In hospital, give street/address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?			
within 2 fetely firm pan	3. NAME OF FIRST Middle Last 4. DATE Month Day Year			
407	OF THE BUADLEY GROVE DEATH THEY 18 1966			
executed and com (emove c	5. SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years if under 24 HRS last birthday) Months Days Hours Min. yrs. yrs.			
be ex clan a ase (e	1Da. USUAL DCCUPATION (Give kind of work done 10b. KIND DF BUSINESS DR during most of working life, even if retired) 11. BIRTHPLACE (County & State, or fereign country) 12. CITIZEN OF WHAT CDUNTRY?			
certificate be ending physician, Then please (removal, and in	13. FATHER'S NAME			
certifica nding pi	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. INFORMANT			
hat the death certificion. cian. ed by the attending per- transit permit. Then t, cremation, or remov	(Yes, no, or unknown) (If yes give war or dates of service) NONE MR. ERNEST R. GROVE MACRISTRUM, MD			
the or the by the nsit permate	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). I PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RESPIRATORY DISTRESS SYNDROME ONSET AND DEATH 25 14P. S			
₩ % E. # #	76 A 5 DUE TO			
requires dding phy been sig the buri	Conditions, If any, which gave rise to immediate (b) TFTELECTASIS			
aw req ttendin has bee as the prior t	cause (a), stating the DUE TO underlying cause last. (c)			
G (3)	PART II. OTHER SICHIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?			
CIAN: The Isoppital or at certificate the for use to Health It. of Health	PREMATURITY 20a. ACCIDENT WAS UNDERLYING 1/20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)			
SICIAN hospif is cert ached ept. of				
PE THE GO THE CONTROL OF THE CONTROL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, factory, street, office bidg., etc.) Hour a.m. p.m. 19 At work at work at work			
ENDING P ined by 1 R: After ould be c the State	21 Legetly that (I) (this hospital) attended the deceased from 8/17 1966 to 8/14 1966 that (I) (we) last			
ATTEN retain CCTOR CTOR S show with th	saw the deceased alive on 8/18 1966, and that death occurred at 8 5 M, from the causes and on the date stated above			
	22a. STAFF M.D. ATTENDING MED. STAFF PHYS. 22b. DATE SICNED			
C HOSPITAL OR ATTER Page 4 may be retain or FUNERAL DIRECTO director, page 3 should be filed with	PHYSICIAN'S E. KEYSER 101 KING ST. HAGERITURN			
Fage Page To FUN direct should	23a. BURIAL CREMATION, 23b. DATE THEREDE - 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)			
0	REMDVAL (Specify) BURIAT 8/20/66 ST. PAULS CHURCH WASHINGTON CO. MD. 24. FUNERAL DIRECTOR J. 25a. REC'D BY REGISTRAR' 25b. REGISTRAR'S SIGNATURE			
VR AI5 (4)	W.J. Mossesut Hagers town hot DATE AUG 2 2 1966 golianles Judge			
20M 1/65				

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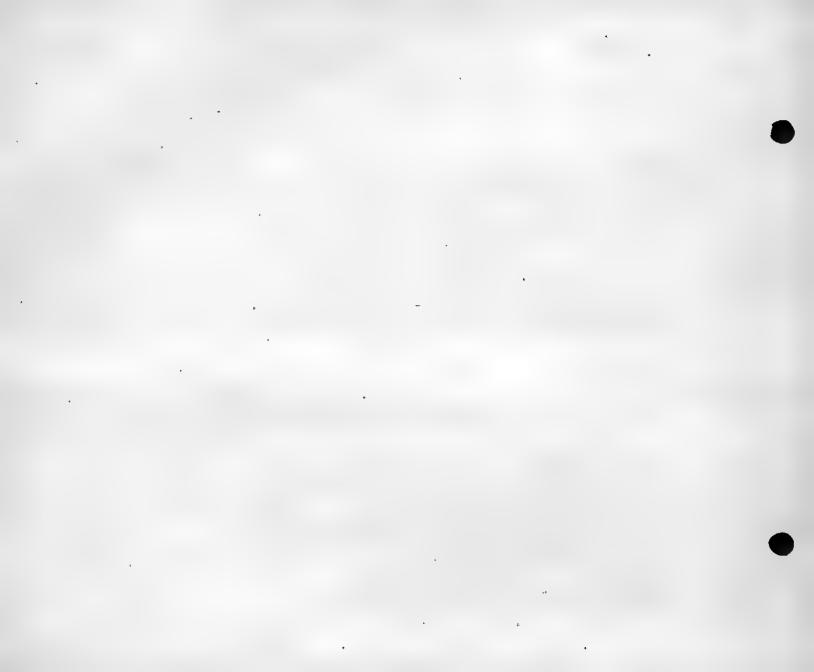


DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 24 hours after death, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b, COUNTY Washington after Maryland MARYLAND Pages b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. 1-72 hours ? Š Rural Hagerstown Hagerstown Ξ filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS B. IS RESIDENCE ON A FARM? ithin Clearview Nursina Home Solem Ave YES . No X within NAME OF 9) Middie Last DATE Month Cay Year remove carbo DECEASED Course AUGUST event, Hoter (Type or print) MININ DEATH 19 executed 6. COLOR OR RACE | 7. MARRIED 5. SEX DATE OF BIRTH AGE (In years | IF UNOER 1 YEAR | IF UNDER 24 HRS NEVER MARRIEO [last birthday) Months I Dave any temale. Dec-27-1886 WIOOWED 😿 DIVORCEO | 10a. USUAL OCCUPATION (Give kind of work done. 10b. KINO OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) attending physician rmit. Then please during most of working life, even if retired) certificate be INDUSTRY COUNTRY? Housewite Grederick County-Md-Own Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova John H. Myers Florence Moore 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Hagerstown, Md. death Ы (Yes, no, or unkown) (If yes give war or dates of service) Mrs. Donald. Whomina Ave. cremation, 214-16-1862 18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH á PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRO- VASCULAR ستعسس والافاء وسك 30 min - 1 160 Signed 443X OUE TO Cenditions, if any, which TRS been gave rise to immediate 불은 DUE TO cause (a), stating the Errio scretrosis underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMEO? NO-F 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) CAL 20c. TIME OF INJURY Month, Cav. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bidg., etc.) Hour a.m. Not While at work at work p.m. 1964 to 17 Ausca 19 404. that (1) (we) last 21. I certify that (i) (this hospital) attended the deceased from 17. DIRECTOR: .1966, and that death occurred an p.M. from the causes and on the date stated above. saw the deceased alive-on 3 sho 22a. SIGNATURE OATE SIGNEO ATTENDING DIRECTOR PHYS O HOSPITAL 22c. PHYSICIAN'S FUNERAL 22d. **ADORESS** director, p NAME (Type) should Page BURIAL, CREMATION, 23b. REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23a. 23d. LOCATION (City, town or county) (State) Rose Hill Cemetery Burial 25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 19 VR ≠15 Kest Haven Hagerstown_Md_ 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH



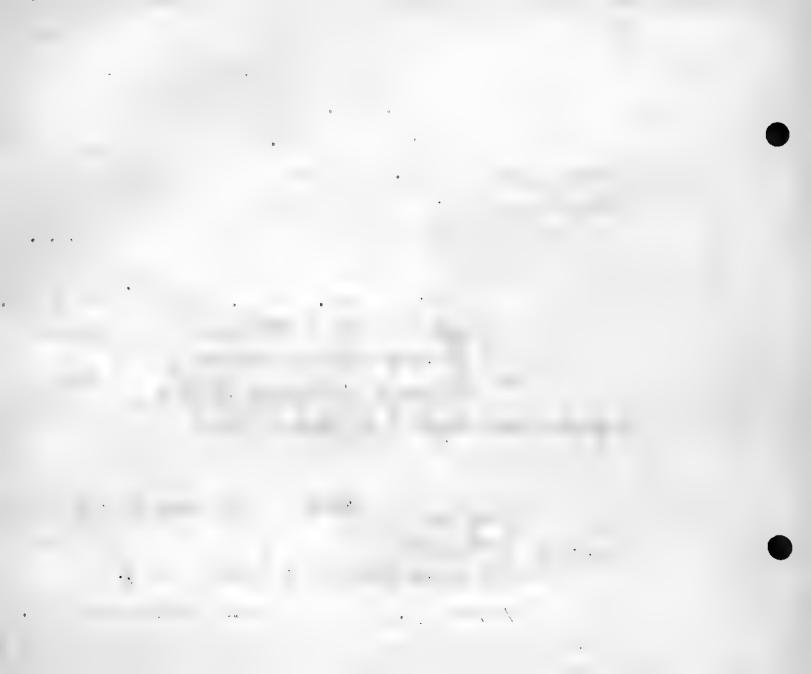
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14950CERTIFICATE OF DEATH 11955 physician and campletely filled in by the funeral nen please remave carbon papers. Pages 1 and 2 noval and in any event, within 72 haurs after deathy PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) a COUNTY Washington b COUNTY Washington .arvland MARYLAND c. LENGTH OF STAY IN 16 b CITY OR TOWN (If autside carparate limits c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) we to RURAL and a ve negrest town) Day Hagerstown. d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS B IS RESIDENCE ON A FARM? within 72 l Washington County Hospital 430 Guilford Ave. YES NO 🏊 NAME OF Middle 4 DATE Eirst Last Day Year DECEASED OF DEATH 0,19 66 August Harry Hoover Galbraith # UNDER 1 YEAR DATE OF BIRTH 9. AGE (In years 5 SEX 6 COLOR OR RACE 7. MARRIED IK NEVER MARRIED "lost birthday) Months Days Hours Thi te hal e May 23,1891 WIDOWED DIVORCED 10a USUAL OCCUPAT ON (Give kind of work done during most of working life, even if retired)
Plumber 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT **INDUSTRY** Adams County Pa. Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lilton F. Hoover Emma Kate Hart signed by the attending 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) ((If yes give wor or dates of service) I.rs Vera E. Hoover 400 Guilford Ave 7-09-9513 INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per liga for (o), (b), and (c).) Hagerd burial-transit PART I. DEATH WAS CAUSED BY: **GNSET AND DEATH** IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause as the O FUNERAL DIRECTOR: After this certificate has been 19 WAS AUTOPSY PERFORMEDS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO GIVEN IN PART 1(a) far use of Health 20g ACCIDENT WAS UNDERLYING 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) 20c TIME OF INJURY Month, Day, Year Hour a.m. factory, street, affice bldg , etc.) at wark at wark 21. I certify that (I) (this hospital) attended the deceased from 19 60, and that death occurred at M, from causes and on the date stated above saw the deceased alive on 220 SIGNATURE ATTENDING PHYS DIRECTOR M.D. director, page should be filed 22c. PHYSICIAN'S NAME (Type 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION, 23b. DATE THEREOF (County) REMOVAL (Specify) Haberstown, Rose Hill Cemetery 2Sb REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 25a REC'D BY REGISTRAR **ADDRESS** Ocharles Judge Homr Inc. VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death, PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY a. STATE papers. Pages 1 in 72 hours after C. CITY OR TOWN Of outside corporate limits, write RURAL and give nearest town) MARYLAND b. CITY OR TOWN (if potside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b ,= 5,10mos 1000 6. IS RESIDENCE filled d. STREET ADDRESS OBANSTITUTION (if not in hospital, give street address) ON A FARM? NO P event, within YES letely within carbon 3. NAME OF DATE Month Day Middle Year DECLIVE LD DEATH / (Type or print) 60 U.S 1966 executed sicial and con least remove and in any eve AGE An years | IF UNDER 1 YEAR IF UNDER 24 HRS. SEX 6. COLOR OR DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months | Days Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 17. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT At Home death certificate be during most of working life, even if retired)
Housewife COUNTRY? ZU, S. A 70 13. FATHER'S NAME MOTHER'S MAIDEN NAME attending phy prmit. Then p n, or removal, CO en signed by the attend burial-transit permit. burial, cremation, or re . WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or dates of service) Cranbrook Road No None 08690 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PHYSICIAN: The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) peen gave rise to immediate the t DUE TO cause (a), stating the underlying cause last. SS (c) WAS AUTOPSY PERFORMED? CERTIFICATION PART LI, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. for use Health certificate NO I YES none 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) 50 OR CONTRIBUTING [] CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER! (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) a) Hour a.m. After After Not While While be (ATTENDING p.m 19 at work at work 21. I certify that (1) (this hospital) attended the deceased from the DIRECTOR: age 3 should led with the 60 and that death occurred at 10 p. M. from the clauses and on the date stated above. saw the deceased alive on 22a. SIGNATURE DATE SIGNED 9 e ATTENDING page MED. PHYS M.D. PHYS. DIRECTOR may O HOSPITAL FUNERAL PHYSICIAN'S 220, ADDRESS 22c. TO FUNERAL director, p should be 1 NAME (Type) LOCATION (City, town or county) (State) NAME OF CEMETERY OR CREMATORY 23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. REMOVÁL (Specify) 25b. REGISTRAR'S SIGNATURE ADDRESS FUNERAL DIRECTOR BY REGISTRAR Leaf Williamsport Md. Albert L. VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND. CERTIFICATE OF DEATH after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY WASHINGTON MARYLAND WASHINGTON MARYLAND b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Page à Write RURAL and give nearest town)
WILLTAMSPORT 2YRS. 8MOS RURAL HAGERSTOWN 5 papers. iin 72 h d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? WILLTAMSPORT SANITARIUM RT.#2 within NO X YES within etely carbon NAME OF First Middle Last 4. DATE Month Day DECEASED event, E. JETT RUTH AUGUST 26 1966 сотрі (Type or print) DEATH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. | Ist birthday) | Months | Days | Hours | Min. remove 5. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED pue FEMA LE WIDOWED X DIVORCED (= 10a. USUAL OCCUPATION (Give kind of work done i 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? U.S.A. HOUSEWIFE HOME MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME McCANDLESS MARY BARNETT JOHN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unkown) ((If yes give war or dates of service) HAGERSTOWN MRS. ALICE M. BURGER NO NONE the t pe CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH Crema burial-transil burial, crem PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) signed **DUE TO** Conditions, If any, which (b) rise to Immediate ままっ - DUE TO (a), stating the underlying cause last. 88 SO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT WAS AUTOPSY PERFORMED? TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health The CERTIFICATI certificate NO Z YES hospital 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) be detached State Dept. of of o this MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) should be de factory, street, office bldg., etc.) Hour a.m. While Not While at work n.m. at work retained to Cure 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should lied with the and that death occurred at FP, M, from the causes and on the date stated above. saw the deceased alive on 1966 22a. SIBNATURE 22b. DATE SIGNED page ATTENDING MED. STAFF DIRECTOR PHYS 4 may FUNERAL 22C. PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) BURIAL, CREMATION, 1 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23a. 23d. RANDALLSTOWN MD_{\bullet} CHURCH 9 OLIVE CHM **FUNERAL DIRECTOR** ADDRESS REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) DATE 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1 1953 CERTIFICATE OF DEATH death. oind funerol PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY oon papers. Pages I within 72 hours after MARYLAND requires that the death certificate be executed within 24 hours after" ond completely filled in by the factorial papers. Pages **6** CITY OR TOWN c. LENGTH OF STAY IN 16 CITY OR TOWN outside corporate limits, write RURAL and give nearest tawn) IS RESIDENCE ON A FARM? (It not in haspital give street address NO YES NAME OF Middle DATE First Year DECEASED OF DEATH (Type or print) F UNDER YEAR IF JNDER 24 HRS and in amy eve 9. AGE (in years S. SEX 6. COLOR OR RACE 7. MARRIED DATE NEVER MARRIED pirthday) Months Days Hours Min. WIDOWED DIVORCED 100, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OF 12. CITIZEN OF WHAT **COUNTRY?** edse during most of working life INDUSTRY physician 13. FATHER'S NĂM D removol, en. signed by the ottending plantial buriol-transit permit. Then buriol, cremation, or remove 16. SOCIAL SECURITY NO WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, na, pryunknown) (If yes give war ar dates of service INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove (b) nse ta immediate couse (a), DUE TO stating the underlying cause be retoined by the hospital or ottending etoched for use as the Dept. of Health prior to hos been last. 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO 💢 YES O FUNERAL DIRECTOR: After this certificate ATTENDING PHYSICIAN: detoched for 200. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour a.m. factory, street, office bldg., etc.) Nat While Stote at work þe 1966 that (I) (we) last 1960 21. I certify that (I) (this haspital) attended the deceased fram director, page 3 should should be filed with the 1966, and that death accurred at 120PM, fram causes and an the date stated above. saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS. PHYS ADDRESS 22c. PHYSICIAN'S 22d. O HOSPITAL NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23a. BURIAL, CREMATION 23b DATE THEREOF (County) REMOVAL (Specify) Old Rest Haven Cemetery Hagerstown 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR CALL ADDRESS 25b. REGISTRAR'S SIGNATURE VR A15 (4) Rest Haen Funeral Chapel Hagerstown Md. 20 M 1/66 DATE

M Win 5-16-80 86

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1(M)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND.			
- TON -	11959 CERTIFICATE OF DEATH			
24 hours after death. filled in by the funeral apers. Pages 1 and 2 n 72 hours after death.	1. PLACE OF DEATH a. COUNTY			
after the fi	Washington Maryland Conna.	Franklin		
tours after the by the cours after hours after the course	b. CITY DR TOWN (if outside corporate limits, write write RURAL and give nearest town),	RURAL and give nearest town)		
24 hours filled in papers. Pin 72 hours	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	B. IS RESIDENCE		
	Wash, Co, Hospital RD#1	YES NO		
law regulres that the death certificate be executed within attending physician. has been signed by the attending physician and completely e as the burial-transit permit. Then please remove carbon in prior to burial, cremation a removal, and in any event, with	3. NAME DF DECEASED (Type or print) RCBERT (1) KEEPERS DEATH ALLY,	Day Year 19 6 6		
uted wi comple ve cart, event,	5. SEX 6. CDLOR, OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. ACE (In Years IF)	UNDER 1 YEAR IF UNDER 24 HRS.		
executer and con remover	DIVORCED 1/10/1087 X2 yrs.			
icate be et physician a n please ra val, and in	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Vetering y Lacines Doro, Par	12. CITIZEN OF WHAT COUNTRYZ		
cate phys n ple vat, a	13. FATHER'S NAME	62.0(7)		
and the second	Youn neepers Sarah Little	ROL		
t at	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) 198-32-7878-100. March Representations	Freencast A.		
the dean. n. by the a msit per	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH		
res that the physician. signed by the virial-transit ourial, cremat	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	- I with		
res the physical signe burial-t burial,	conditions, If any, which) the Conditions of the second	- Much Your		
requires ding phy been si the buri	gave rise to immediate	40 20		
w re endii as be as th	underlying cause last. (c)			
ATTENDING PHYSICIAN. The law requires that the retained by the hospital or attending physician. CTOR. After this certificate has been signed by should be detached for use as the burial-trans vith the State Dept. of Health prior to burial, creating the state Dept.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOTRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 12. OTHER SIGNIFICANT CONDITION GIVEN	PERFORMED?		
N. Ti (tal o tifica for	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of It	YES NO W		
PHYSICIAN: The the hospital or a this certificate detached for usue Dept. of Health				
PHYSI the hu this this detacl	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 20f. (City or town) 20f. (City or tow	(County) (State)		
oling of by After of be of state		20 /2 /2 15 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
ATTENDIN retained b GTOR: should bt should bt	21. I certify that (I) (this hospital) attended the deceased from \$\frac{166}{2}, 1966, to \$\frac{116}{2}\$. saw the deceased alive on \$\frac{1166}{2}\$. and that death occurred at \$\frac{166}{2}\$. from the causes and	, 19 6 6 that (I) (we) last		
OR ATT. OR ATT. DIRECTO Sign 3 shi	22a. SIGNATURE /	22b. DATE SIGNED		
AL O IN DISPAGE	22c. PHYSICIAN'S ATTENDING MED. STAFF PHYS. 22d. ADDRESS	0/11/66		
TO HOSPITAL Page 4 may OF FUNERAL Director, page should be fifted.	NAME (Type) JOTHAI At. STUICN BAKER 154 William Cuil Houst.	Hayon town		
Page Page Office Shou	23a. BURIAL CREMATION, 23b. DATE THEREOF 230 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town REMOTAL (Specify)	1 11 A		
	1 D, 10/19/06 C JUN 1411 1 3/2011 CO	ISTRAR'S SIGNATURE		
VR AI5 (4)	(16, Munuch - Green casto Fa DATE AUG 12 1966 M	Charle O		
20M 1/65		Judge		



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 haurs after death. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY Washington o. SIAMaryland b. College hington MARYLAND campletely filled in by the f nove carban papers Pages c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) E LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits, papers Page bin 72 haurs c write RURAL and give nearest town) Keedvsville Wkg. Hagerstown d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e IS RESIDENCE d STREET ADDRESS ON A FARM? Friendship Manor Nursing Home 17 S. Main St. NO X NAME OF First Middle 4 DATE Last Month Doy Year DECEASED August 21. 66 Kefauver ent, (Type or print) Annie May DEATH 19 B DATE OF BIRTH AGE (in years F UNDER 1 YEAR | 1F UNDER 24 HRS SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED remove lost birthdoy) Months 10 Hauts Min in ony i WIDOWED DIVORCED Sept. 29, 1875 Female White guo 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired)
Housewife Own Home **COUNTRY?** please the attending physician sit permit. Then please S. A. Rohrersville. Md. Ü. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, Susan Palmer Samson Poffenberger WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT AddreKeedysville. Md. permit. (Yes, no, or unknown) (If yes give wor or dotes of service Mr. Paul M. Kefauver, 17 S. Main St. No. None INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by DUE TO Conditions, if ony, which gove (b) rise ta immediate couse (a), DUE TO stating the underlying cause os the prior to has been lost. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) CERTIFICATION NO 1 this certificate 힏 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o ACCIDENT WAS UNDERLYING [the hospital OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER! 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Manth, Day, Year foctory, street, office bldg., etc 1 Haur o.m. Not While of work O FUNERAL DIRECTOR: After of work 21. I certify that (1) (this haspital) attended the deceased fram. 196/ 10aus 1966 that (I) (we) last be retoined saw the deceased alive an_ Quice 19 19 6 and that death accurred at 2.22 AM, from causes and an the date stated above 22o. SIGNATURE 22b. DATE SIGNED ATTENDING 22-66 M.D. PHYS director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NK-STUWI NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) REMOVAL (Specify) 8- 23-66 Fairview Cemetery Keedysville, Md. Buria. 25b. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR **ADDRESS** VR A15 [4] DATEAUG 29 1966 20 M 1/66 John H. Bast, Jr. 112 N. Main St. Boonsboro Md



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY **b.** COUNTY Penna. Adams Washington MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (Il outside corporete limits, write RURAL end give neerest town) write RURAL and give nearest town) Hagerstown Gettvsburg d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 218 Carlisle St. Avalon Manon YES NO X mpletely NAME OF Middle DECEASED (Type or print) Maru 19 66 DEATH Aug. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 19. AGE (In years LIF UNDER 1 YEAR | IF UNDER 24 HRS. lest birthday) Months Days DIVORCED T March WIDOWED IX 10b. KIND OF BUSINESS OR INDUSTRY 11 12. CITIZEN OF WHAT COUNTRY? or fore on country! done during most of working life, even if retired Housewife U.S.A. Gettysburg. Pa. 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Samuel M. Swope Anna Kate Stair 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknwn) | (If yes give war or detes of service) 188-36-4002 Mr John B. Keith Gettysburg. Pa. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b) and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cerebral IMMEDIATE CAUSE (e) DUE TO Arterios clerotic cerebro Vesc. Disesse Conditions, if any, which gave rise to Immediate cause DUE TO (a), sleting the underlying cause last PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY CERTIFICATION PERFORMED? Aortic Angurysin. domina 20a ACCIDENT WAS JNDERLY.NG | 1 20b DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Pert I or Pert I of Item 18.)
OR CONTRIBUTING | CAUSE OF DEATH |
(IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stele) lectory, street, office bldg , etc.) Not While Hour a.m. While el work el work 21. I certify that (1) (this hospital) attended the deceased from M + 1 4, 1964 to AVA ... 2 M. ... 196k., that (1) (wa) last 19.66, and that death occurred at 7.35 M, from the Gauses and on the date stated above saw the deceased alive on AUS 22a. SIGNATURE 22b. DATE ATTENDING DIRECTOR 22d. ADDRESS 22c. PHYSICIAN NAME (Tybé 23s. BURIAL, CREMATION. REMOVAL (Specify) Gettysburg Adams Co. Pa. O Evergreen Cometery Gettysburg Adams of Adams Ada Burial 24_FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Gettysburg, Pa. 1966 15M 7-62



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) b. COUNTY WASHINGTON MARYT. AND MARYLANO CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY DR TDWN (If putside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b YRS. 40 HAGERSTOWN HAGERSTOWN d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET AODRESS 24 COUNTY HOSPITAL 428 etely fill rbon pap within WASHINGTON E. WASHINGTON ND X YES death certificate be executed within NAME DE First Middle Last DATE Month Oay DECEASED BELLE KELLER AUGUST GRACE 15 66 (Type or print) DEATH 19 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | last pirthday) | Months | Oays | Hours | Min. 8. DATE OF BIRTH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED any and FEMA LE WIOOWED TY O I VORCEO n please reval, and in 1Da. USUAL OCCUPATION (Give kind of work done i 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRT HPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? HOME U.S.A. VIRGINIA HOUSEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova attenling l ermit. Then SAUM ELIZABETH DANIEL SAUM 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT HATTERSTOWN transit permit. (Yes, no, or unknown) (If yes give war or dates of service) MD. CEC NOME 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) the buria, **OUE TO** Conditions, If any, which (b) rise to immediate DUE TD (a), stating prior underlying cause last. (c) 38 CERTIFICATION WAS AUTDPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? YES NO T 20a. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) tillis cert detached MEDICAL 20d. INJURY OCCURRED 120e, PLACE DE INTURY (Home, farm, (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour adfi) Not While While After at work at work D.M 9 that (I) (we) last 21. Legertlfv that (1) (this boseital) attended the deceased from 큠 and that death occurred at 44 M, from the causes and on the date stated above. 3 show The deceased alive on IRECT 22a SIGNATURE filed ATTENOING PHYS. STAFF OIRECTOR M.D. HOSPITAL ADORESS 220 PHYSICIAN'S FINISH should be NAME (Type) director, Washington St. Hagerstown Md. NAME OF CEMETERY OR CREMATORY (State) BURIAL, CREMATION, 23b. 23a. DATE THEREOF A (Specify) 8/66 HILL \mathtt{MD} . ROSE CEM. HAGERSTOWN FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 56 VR ALS DATE 2DM



	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, A	MARYLAND 1195
a.	ACE OF DEATH COUNTY Washing ton MARYLEND CITY OF TOWN (If outside corporate limits, write RURAL and	legany
d.	Hagerstown And enthospital or Institution (if not in hospital, givestreet address) Sarlock Mussine Home (allocations)	9 Q o. ÎS RESIDEN ON A FAR YES □ NO I
DE	AME OF CCEASED pe or print) A DATE Month OF DEATH A DATE OF BIRTH 19. AGE (In years 14 UNDER)	Day Year 1966
10a, dona	male White WIDOWED DIVORCED May 5, 1891 125 yes. Months	Days Hours Min
13. F.	ATHER'S NAME 14. MOTHER'S MAIDEN NAME MILLARY F. WOGNER AS DECEASED EVER IN U.S. ARMED FORCES? 16 COLIAL SECURITY NO. 17. INFORMANT Address	
(Yes,	PART I. DEATH WAS CAUSE BY: MANUAL DESCRIPTION OF DEATH [Enter only one causa per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE [e] FIT LET O 5 CLIPPTIC HEATH DESS' CALL THE CONTROL OF DEATH [Enter only one causa per line for (a), (b), and (c)	Merval Between ONSET AND DEATH
9 (4	onditions, if any, which over rise to immediate cause DUE TO DUE TO Cerelluil Flerous DOSi-c (b) General action of Service DUE TO Cerelluil Service - Servi	25 Y7S
FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PARTIES. ACCIDENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part or Part II of Itam 18.)	1 (a) 19. WAS AUTO
نا د ا	CONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER] Oc. THE OF INJURY Month, Dey, Year Place Of INJURY (Home, farm, 201, (City or lown) (Country, street, st	inty) (Stata
21	we the deceased alive on	
2:	Schwell W. Ditto III, M.D. ATTENDING MED. STAFF PHYS. CIAN'S DIRECTOR PHYS. D ATTENDING MED. DIRECTOR PHYS. D PHYS. CIAN'S DIRECTOR MED. STAFF PHYS. CIAN'S DIRECTOR PHYS. D ATTENDING MED. D ATTEND	8-6-66
	DURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BURGAL (Spacifie) S/ S/66 HELLERS Buriof Ph; Cumberly ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRAR'S	plu
0	Famis Stein Inc. Cumb. M. DATE AUG 9 1966 Jour	vely Judge

TOD STATE	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 5 ()
FOR STATE	11564 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. PLACE DF DEATH a. CDUNTY Machine to County Discharge to County
	Mastilligeon Country Maryland W. Va Jefferson
essary, funeral nay be intment death.	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
fune may martin r dear	
essary, o the funeral e 5 may be Department after death.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
ate age	Washington County Hospital General Delivery YES NOT
N N N N	3. NAME DF First Middle Last 4. DATE Month Day Year DECEASED OF
PM3.	(Type or print) Eula Pauline Lamp DEATH August 14 - 1966
er death. If ar live Pages 1, 2 with form P 1 and 2 with	5. SEX 6. COLOR OR RACE 7. MARRIED 7. NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
Tor Tor	Female White WIDOWED DIVORCED June 14-1913 53 yrs. Months Days Hours Min.
rith Pie	102 UCITAL OCCUPATION (Chie kind of work dans) 10h WARD OF BURENESS OF 111 BIRTURESS OF STREET OF GREETEN AS BURNESS OF STREET
Sive Sive	Seamstress Dress Factory West Virginia Country U.S.A.
urs after death. If a n 18. Give Pages 1, se along with form form pages 1 and 2 with in any event-withily	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	Charles E. Turner Dora Virginia May
n 24 hou in Item office E. File pa	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service)
riii. rs	unknown 232-26-7712 Mervil L. Lamp, Martinsburg, W. Va.
uted within 2 " in pencil in Examiner's 0 nsit permit. I	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]
e should be executed w word "pending" in pe e Chief Medical Exami d as a burial-transit pe nurial, cremation, or re	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (8) DROWNING SHORT
uld be executed f "pending" in l ef Medical Exan a burial-transit l cremation, or r	
ex dicadicality	Conditions, if any, which I JUMPED FROM SHEPHEROSTOWN BRIDGE INTO INTERVAL
Me mar	gave rise to immediate (
hief hief al, a	underlying cause last.
ate shoule e word he Chiel he chiel ed as a burial,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
the the used to bu	YES ND Z
CXAMINER: This certificate should be the certificate, writing the word "pen should be forwarded to the Chief Med follows. Tiles. Tiles. Tiles. Tiles. Tiles. Tiles. Tiles.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 22- ND 24- PRIMARY Por CONTRIBUTING CAUSE WAS CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Pert II of Item 18.)
writ arde	
sho sho	ZDc. TIME OF INJURY Month, Dey, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State)
XAMINER: certificate could be fould es. R: Page 3 : ignated agg	2Dc. TIME OF INJURY Month, Dey, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm., 2Df. (City or town) (County) (State) 8:45Anm. 8-14- 1966 at work of work
the certification of the certi	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X, inquiry ., and in my opinion
CXU illes. JR.: Sign	death resulted from: / Natural causes, Accident, Suicide 📉 , Homicide, Undetermined manner
4 4 5 ECT 6 6	CHIEF MEDICAL EXAMINER
execute the Page 4 s f f f or your f l f or your f l f or jour f l f or its de	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
Y ME execute for AL D	EXAMINER'S DEPUTY MEDICAL EXAMINER
JEPUTY sase ex ector. I lained fi TUNERAL	NAME (Type) DR. E.W.DITTO JR. Address (Street, city, town, or county)
TO DEPUTY MEDIC. EXAMPLES OF SECURE THE COLUMN TO TREATHER TO FUNERAL DIRECTOR: POF Health or its designation	238. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Pleasant View Benkeley County IN To
2 2	Removal (Specify) 8-14-66 Pleasant view Berkeley County, W. Va.
VR ALSME (5)	All sold former for Ille AUG I (1966 Recorder Vincer
5M 1/65	My hall carries huggers yearly Will bate

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CJ. .

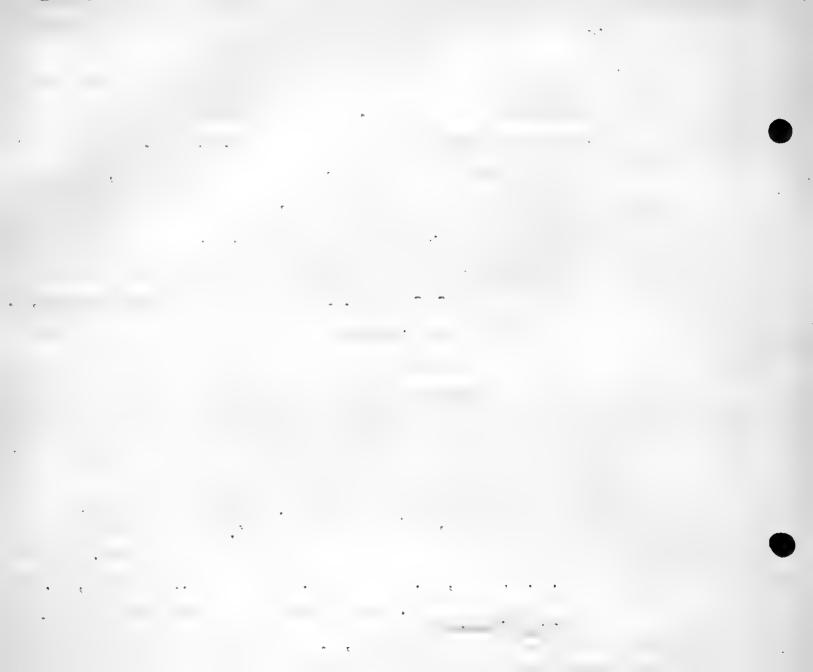
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21	MARYLAND STATE DEPARTMENT OF HEALTH					
-N.1)	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11565 CERTIFICATE OF DEATH					
24 hours after death. filled in by the funeral apers. Pages 1 and 2 n 72 hours after death.	1. PLACE OF DEATH a. COUNTY D. STATE D. COUNTY					
er d	Washington MARYLAND STATE Maryland b. COUNTY Washington					
ages aff	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)					
ours in t	Hagerstown 26 ura Hagerstown					
Illed hpers	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?					
	Washington County Hospital 524 W. Church St. YES NOW					
executed within 24 hours after and completely filled in by the freshove carbon papers. Pages 1 n any event, within 72 hours after	DECEASED OF AMAI M C					
eom	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR					
and and any.	Temale Write Widowed Divorced 1904 2,1901 0) VIS.					
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR LIL BIRTHPLACE (County & State, or foreign country) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
cate be c physician n please i	Housewife Own Home Coal City, 9U. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME					
h certifica tending ph iit. Then or removal	for the same of th					
eath certific attending p ermit. Then	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT					
# # # F #	(Yes, no, or unknown) (If yes give war or dates of service) 232-26-7950 D.B. Mac Davish 309 Bryan Place Hagerstown, Md.					
the de	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]					
es that the hysician. signed by urian-transi	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis 18 hours					
ysici general	OUE TO					
required ding ph been s the bur	Conditions, If any, which gave rise to immediate (b) Arteriosclerotic Cardio Vascular Disease 5 years					
aw requirenting the second as the prior to	cause (a), stating the DUE TO underlying cause last. (c) Diabetes					
The law requires that to or attending physician, sate has been signed by use as the burial-tram salth prior to burial, cre-	(6) 12 13 15 15 15 15 15 15 15 15 15 15 15 15 15					
The l or a cate or use	YES NO W					
PHYSICIAN: The law the hospital or attent this certificate has detached for use as compared by the action of Health prior	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTION C					
YSIC hos is c lach dept.						
	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While at work at work at work					
ATTENDING retained by CTOR: After 3 should be	21. I certify that (I) (this hospital) attended the deceased from April 10, 19 66, to August 17, 1966, that (I) (we) last					
Sho sho	saw the deceased alive on August 16, 19.66, and that death occurred alocated, from the causes and on the date stated above.					
De J	ATTENDING MED. STAFF					
TAL may	22c. PHYSICIAN'S 22d. AOORESS					
P 4 P 1 P 1 P 1 P 1 P 1 P 1 P 1 P 1 P 1	NAME (Type) Dr. E. W. Ditto, Ir. 215 W. Washington St., Hagerstown, Md.					
TO HOSPITAL C Page 4 may I TO FUNERAL D director, pag should be file	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)					
F F	Burial 8/20/66 Rest Have n Cemetery Hagerstown Md. 24. FUNERAL DIRECTOR / 12. FLAGE ADDRESS 1253. REC'O BY REGISTRAR 255. REGISTRAR'S SIGNATURE					
VR A15 (4) (A)	Rest Haven Guneral Chapel Hagerstown, Md. DATE AUG 22 1966 Thomas Judge					
20M 1/65	Topo James James Cumer Lands of the Land o					



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH hours after death. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) B. COUNTY, WASHINGTON a. STATE MARYLANI MARYLAND b. CITY OR TOWN (If outside corporate limits. C. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) HAGERSTOWA HAGERSTOWN .⊆ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS IS RESIDENCE ON A FARM? CHEVI Hosp within NO X executed within completely carbon NAME DE Middle Month DECEASED and comple remove, carb any event MALINIWSKI AUN AUG 14 19 66 (Type or print) DEATH 6. COLOR OR RACE 5. SEX OATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 9. 7. MARRIED I NEVER MARRIED last birthday) | Months | Davs Hours 66 WIDOWED attending physician a ermit. Then please re on or removal, and in a Ē 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fereign country) 12. CITIZEN OF WHAT death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME MOTHER'S MAIDEN NAME WALTER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT the attendit permit. 16. SDCIAL SECURITY ND. (Yes, no, or unkown) 1 (If yes nive war or dates of service) transit perm cremation, NO BINTH INTERVAL BETWEEN 18. CAUSE DF BEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEAT ial-transi PART I. DEATH WAS CAUSED BY the hospital or attending physician. IMMEDIATE CAUSE (a) signed burial-t DUE TO MEMBRAW SEASE 1425 Conditions, If any, which peen gave rise to immediate 幸은 DUE TO cause (a), stating the as th underlying cause last, CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY for use Health PERFORMED? IMMATURIT NO A YES | 2Da. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part II of Item 8. Hiter this certifuld be detached for the State Dept. of I MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While D.M at work at work retained 21. I certify that (I) (this hospital) attended the deceased from 19/2/4 to 19 chat (I) (we) last 3 should with the and that death pocurred at 235M. from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED g e 品 page ATTENDING DIRECTOR May. FUNERAL PHYSICIAN'S ADDRESS 22d. director, p should be 4 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, REMOVAL (Specify) RALTIMORE MARYLAND AUG. 16.1966 HOLY REDEMMER CEMETERS REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR 25b 1966 ROUZER HAGERSTOWN. MARYLAND VR AI5 (4) 20M 1/65

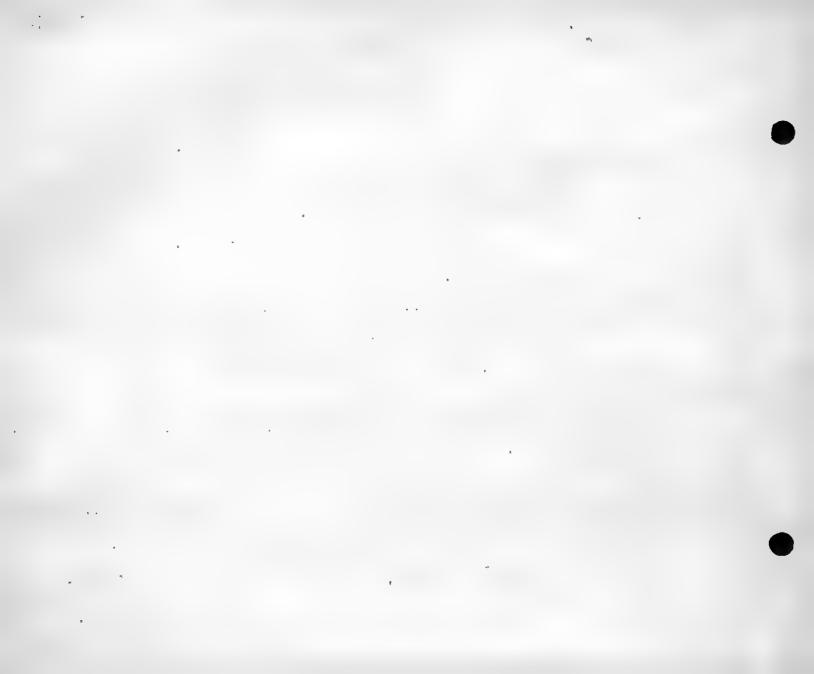
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH hours after death PLACE OF OEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY WASHINGTON b. COUNTY MARYLAND WASHINGTON MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b YRS. HAGERSTOWN 40 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARMA, 24 WASHINGTON COUNTY HOSPITAL 901 KENWOOD DR. NO Z death certificate be executed within <u></u> NAME OF First Middle Month Last OECEASED BESSIE MARTIN AUGUST TEF 14 19 66 (Type or print) CEATH 5. SEX 6. COLOR OR RACE | 7. MARRIED TO NEVER MARRIED AGE (In years IF UNOER 1 YEAR IF UNDER 24 HRS. Hours | Min. OATE OF BIRTH 4/19/1891 FEMALE WIOOWED [DIVORCED 1Qa. USUAL OCCUPATION (Give kind of work done) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10b, KIND OF BUSINESS OR during most of working life even if retired) VIRGINIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOHN LAWRENCE CORA BEAN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT AddreSA GERSTOWN 16, SOCIAL SECURITY NO. Ы (Yes po or unkown) NONE PERCY E. MD. MR. MARTIN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND CEATH PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-ti burial, DUE TO Conditions, If any, which gave rise to immediate **OUE TO** cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMEO? NO DE YES 20a. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part |) of item 18.) 20c. TIME OF INJURY Month, Oav. Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (State) (County) Hour a.m. Not While p,m, at work at work 21. I certify that (I) (this hospital) attended the deceased from 19. to 19 , that (I) (we) last saw the deceased alive on and that death occurred at. M. from the causes and on the date stated above. 22a. SIGNATURE 22b. **CATE SIGNEO** DIRECTOR pa FUNERAL 22c. PHYSICIAN'S 22d. **AOORESS** director, p 23b. OATE THEREOF BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) HAGERSTOWN 8/17/66 REST HAVEN CEM. MD. FUNERAL DIRECTOR **AODRESS** REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 1966 VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1 1963 CERTIFICATE OF DEATH 11968 requires that the death certificate be executed within 24 haurs after death death. signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remove carban papers. Pages I and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o COUNTY Maryland Washington Washington b. COUNTY MARYLAND b CITY OR TOWN (If autside carparate limits, C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Hagerstown weeks Hagerstown papers. hin 72 ha d. NAME OF HOSPITA. OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? Washington County Hospital 206 Allen Ave. YES NO 4. DATE NAME OF Manth Day Year DECEASED 11 19 66 Leta Virginia McClain August (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (n years 6 COLOR OR RACE 7 MARRIED KK NEVER MARRIED B. DATE OF BIRTH last birthday) Manths Days Hours Dec. 31,1912 white WIDOWED DIVORCED female 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Womens apparel Hagerstown, Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Winnie Liskey Chauncy Hyde, IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, na, or unknown) (If yes a ve war or dates of service 214-09-9907 George V. McClain Hagerstown Md no INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying couse Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been the last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? j DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) 20g ACCIDENT WAS UNDERLYING ... OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour p.m. factory, street, office bldg., etc.) Not While at work at work 21. I certify that (1) (this hospital) attended the deceased from Tuly 2-5", 1966, to Aug. 11, 1966, that (1) (we) last director, page 3 shauld should be filed with the saw the deceased alive on Aug 10 1966, and that death occurred at 315 AM, from louses and on the date stated above. 22a STUNATURE 22b. DATE SIGNED MED DIRECTOR M.D PHYS. 22d ADDRESS PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (State) 23c BURIAL CREMATION REMOVAL (Specify) Hagerstown Md. 8/13/66 buria Rose Hill Cometery 24. FUNERAL DIRECTOR 256. REC'D BY REGISTRAR 2Sb REGISTRAR S SIGNATURE Charles VR A15 [4] DATE AUG Minnich Funeral Home Hagerstown, Md. 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY h. COUNTY 11857 MARYLANO c, CITY OR TOWN (If outside/corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, write RURAL and give hearest town) C. LENGTH OF STAY IN 1b MATTINSburg IAMS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 519N. 3rd S NO. YES! death certificate be executed within carbon wit NAME OF Middle Last DATE Month Day DECEASED DEATH 19/06 (Type or print) AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. SEX DATE OF BIRTH 6. COLOR OR RACE NEVER MARRIEO MARRIED WIOOWED L DIVORCEO | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Y15.A 13. FATHER'S NAME MOTHER'S MAIDEN NAME гетоуа SEOTGE ne Al 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. INCORMANT Address (Yes, no, or unknwn) (If yes nive war or dates of service) 620 Albert St. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: (MMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to Immediate DUE TO cause (a), stating the underlying cause last. PART LI, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMEO? NO V YES [20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20c, TIME OF INJUBY Month, Oay, Year 20d. INJURY OCCURREO 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) Hour a.m. While Not While at work at work 19 66 0.15 director, page 3 should should be filed with the 21. I certify that (I) (this hespital) attended the deceased from. 1965 and that death occurred at // P.M. from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNEO MEO. STAFF M.D. PHYS. OIRECTOR PHYS. HOSPITAL PHYSICIAN'S NAME (Type) AOORESS 22c. 22d. E. Byrkit Williamsport Maryland 21795 (State) 23d. LOCATION (City, town or county) 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, REMOVAL (Specify) Rosedale Cemetery Martinsburg, Berkeley, W. Va 8-17-1966 Burial 25b BEGISTRAR'S SIGNATURE **ADDRESS** FUNERAL DIRECTOR Markey Martinsburg, W. Va. VR A15 (4) DATE 20M 1/65



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission) a. COUNTY b. COUNTY Washington Washington MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporete fimils, write RURAL and give nearest town) write RURAL and give nearest town Hagerstown Rural Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RÉSIDENCE ON A FARM? Washington County Hospital R.F. YES NO completely 3. NAME OF Middle 4. DATE Month Day Year DECEASED OF Miller Abbie (Type or print) Treccia DEATH Aug. 1966 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 5, SEX DATE OF SIRTH 9. AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. 80 birthday) Months | Days Hours Female White July WIDOWED 4 DIVORCED [10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY: 11 B RTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired)
HOUSE WLIE Smithsburg Home Wash. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Daniel I Himes Virginia Brown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INPORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) John D. Miller Hagerstown R. F. D. #5 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a). DUF TO Conditions, if any, which (5) gave rise to immediate ceuse **DUE TO** (a), stating the underlying ceuse fest. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT CERTIFICATION PERFORMED? YES 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCR BE HOW INJURY OCCURED, Enter neture of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY 20d, INJURY OCCURRED: 20e PLACE OF INJURY (Home, farm, 20f, ,City or town) (County) (Stete) Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. al work at work 19 E.G. that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from..... (4., and that death occurred at // 20M, from the fauses and on the date stated above. saw the deceased alive 22b. DATE 22a. SIGNATOR ATTENDING DIRECTOR PHYS. PHYS. M.D. FUNERAL ADDRESS 22c. PHYSICIAN'S NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or founty (Slate) 23a, BURIAL, CREMATION, 23b DATE THEREOF Md. Pleasant Valley Cemetery Smithsburg OH 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Minnich Funeral Home VR A1S Smithsburg 15M 7-6

aw requires that the death certificate be executed



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH by the attending physicion and completely filled in by the funeral transit permit. Then please remove carbon papers. Pages 1 and 2 cremation, or removal, and in any event, within 72 hours after death. PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH a COUNTY a. STATE b. COUNTY. shington MARYLAND marvland b. CITY OR TOWN (I outside corparate imits, write RURAL and give nearest tawn) E LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) cerstown Hara et 3 town 55 y VIS d STREET ADDRESS e IS RESIDENCE ON A FARM? 5_6 Brown Ave. YES NO K LLS Eroan Ave 4 DATE OF DEATH 3 NAME OF Manth Day Year DECEASED TLLER 19 60 Aug. (Type or print) HARGARET AGE (n years IF LINDER 1 YEAR I IF UNDER 24 HRS. DATE OF BIRTH S SEX 6 COLOR OR RACE 7 MARRIED -FT NEVER MARRIED last birthday) Manths Davs Haurs "hite Female WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT COUNTRY? INDUSTRY Hone during most of working ife, even if retired) Martinsburg, ". Va. Housewife 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME D. H. Russler Zenobia Sprinkle TS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war ar dates af service) 17 INFORMANT 16 SOCIAL SECURITY NO Mr. Charlesiller 334-111-6061 INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (c).)
PART 1. DEATH WAS CAUSED BY.

Ventrical ar signed by the burial-tronsit p ONSET AND DEATH Ventricular fibrillation .MMEDIATE CAUSE (a) O HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospitol or ottending physician. DHE TO burial Acute coronary insufficiency hour Conditions, if any, which gave rise to immediate couse (a). DHF TO stating the underlying cause therosclerotic heart disease & Hypertensive TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use as the 3 should be detoched for use os the with the Stote Dept. of Health prior to (certai last WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO a 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Hame, farm, (City or town) (State) 20d. INJURY OCCURRED 20f. (County) 20c. TIME OF INJURY Month, Doy, Year Not While factory, street, office bldg., etc.) at work 21. I certify that (I) (this dosainal) attended the deceased fram Aug. 22 saw the deceased alive an Aug. 30 1966, and that death accurrence. 19 OO, that (I) (3034) last Aug. 22b. DATE SIGNED 22o. SIGNATURE mo. MED. DIRECTOR STAFF PHYS. ATTENDING Sept. 2, 1966 M.D. PHYS director, page should be filed 100 Professional Arts Bldg, Hag., Md. NAME (Type) William T. Layman, M.D. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (State) REMOVAL (Specify) Lartins.ur Green Hill Calletery 25d REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 SEP 8 Coffin Funeral Home, Inc. DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH ß and 2 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. CDUNTY b. COUNTY WASHINGTON WASHINGTON a. STATE MARYLAND MARYLANO c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b papers. Page nin 72 hours a HAGERSTOWN nearest town) YRS. HAGERSTOWN 50 .E d, NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AOORESS e. IS RESIDENCE filled DN A FARM? 24 W. WILSON BLVD. FRIENDSHIP MANOR NURSING HOME No X completely death certificate be executed within carbon NAME DE Month Oay Year Middle Last DECEASED AUGUST 19 66 GEORGE MASON MOORE event, DEATH (Type or print) SEX 8. OATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE remove 7. MARRIED A NEVER MARRIED birthday) Months i Hours and MALE WIDDWED OIVORCED / attending physician a ermit. Then please re on, or removal, and in .⊑ 10a. USUAL OCCUPATION (Give kind of work done 11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR ducing most of working life even if tettred)
RET IRED ENGINEER VIRGINIA ROAD 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME IDA BELLE WILKERSON THOMAS W. MOORE Addres HA GERSTOWN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. | 17. INFORMANT transit permit. (Yes, po, or unkown) (If yes give war or dates of service) MD. MRS. LINDA 19-01-670 INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). PHYSICIAN: The law requires that the the hospital or attending physician. al-transit signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-tr burial, DUE TO Conditions, If any, which (b) been gave rise to immediate r the DUE TD cause (a), stating as th underlying cause last. CERTIFICATION WAS AUTDPSY PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMEO? certificate NO YES [2Da. ACCIDENT WAS UNDERLYING TO DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) detached f te Dept. of (County) (State) 2Dc. TIME OF INJURY Month, Oay, Year 2Dd. INJURY OCCURRED | 20e. PLACE DF INJURY (Home, farm, 2Df. (City or town) factory, street, office bldg., etc.) Hour a.m. Not While While retained by D HOSPITAL OR ATTENDING Page 4 may be retained by p,m 19 at work at work DIRECTOR: A age 3 should iled with the S 0 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 15 M, from the causes and on the date stated above. saw the deceased alive on. 22b. DATESIGNED 22a. SIGNATURE MED. DIRECTOR ATTENDING page 22d. ADDRES PHYSICIAN'S director, p should be NAME (Type) (State) NAME DE CEMETERY OR CREMATORY LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF MD HAGERSTOWN 8/14/66 REST HAVEN CEM. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS AI5 (4) DATE 2DM 1/65

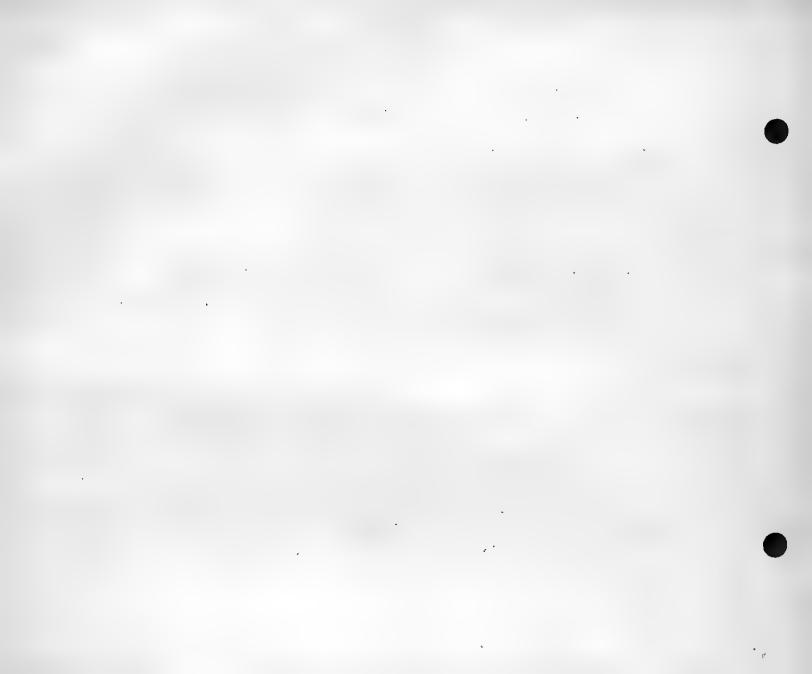


1 (N)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
- = N-	11973 CERTIFICATE OF DEATH
hours after death. d in by the funeral rs. Pages 1 and 2 thours after death	1. PLACE OF DEATH a. COUNTY Wash, MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admiss a. STATE Add, b. COUNTY COASH
nours after in by the is. S. Pages 1 hours after	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
fille pape in 72	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS ON A FAR. YES NO
executed within 24 hand completely filled remove carbon paper.	3. NAME OF DECEASED (Type or print) FS + 0 Q E Moddle Last 4. DATE Month Day Year OF DEATH August 3 19 C DEATH August 3 19 DEATH August 3 DE
and con remove	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH 9. AGE (If years IF UNDER 14 PAR IF UNDER 24 Iast birthdey) Months Days Hours If Under 14 Iast birthdey) Months Days Hours If Under 14 Iast birthdey) Iast birthdey Iast b
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if-retired) 10b. KIND DF BUSINESS OR line in the first indicate i
certificate nding phy . Then pl removal,	13. FATHER'S NAME > MOWEN 14. MOTHER'S MAIDEN NAME Car baugh
death certificate be ne attending physiciar permit. Then please ion, or removal, and i	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. INFORMANT Address (Yes, no or unknown) (If yes give war or dates of service) Address Harry F. Mowing Management III
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) Confirm of the confirmation of the confir
hysical sign rial	conditions, If any, which Due to Grelial Minimtona 2476
law requires tattending phys has been sign eas the burian havior to burian	cause (a), stating the DUE TO underlying cause last. (c) Afterior highward in
	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORME YES NO
CLAN OSPIT Certi hed t. of	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) CR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. While at work 19 at work at work at work 19 at work 1
	21. I certify that (1) (this hospital) attended the deceased from 19 to 19 to 19 51, 19 06, that (1) (we)
DIR See 3	M.D. PHYS. DIRECTOR PHYS. 12b. DATE SIGNED 6
TO HOSPITAL Page 4 may O FUNERAL director, pag should be fille	Philip J. Hirshman, M.D. 22d. Address 22d. Address 159 % Washington St., Hajerstown, Md.
TO HOS Page TO FUN direct should	23a. BURIAL CREMATION, 23b. DATE THEREOF 2307 NAME OF GEMETERY OF CREMATORY 23d. COCATION (City, town or county) (State
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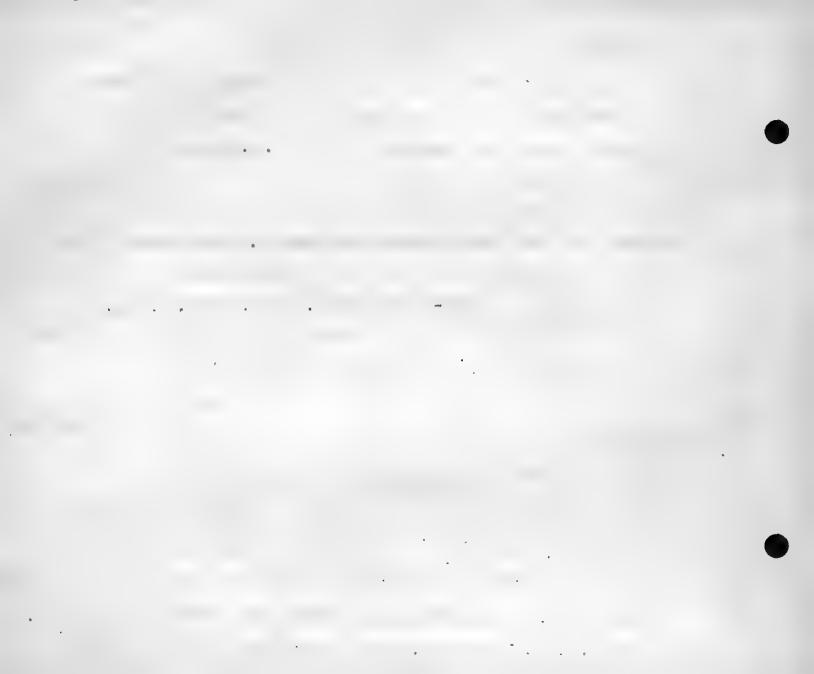


1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR	RYLAND
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24 hours after filled in bysthe papers. Pages. In 72 hours after	write RURAL and give nearest town)	Rise deglest found
hou hou est in 2 hou 2 h	d. NAME OF HOSPITAL OF INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE
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ath certificate be of attending physician please. In, or removal, and in	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITYND. 17. INFORMANT 435 N. P. of Address St. p., no, or unknown) ((If yes pive war or dates of service)	The mad
The law requires that the death certificate be executed within or attending physician. Sate has been signed by the attending physician and completely ruse as the burial-transit permit. Then please remaye carbon is ealth prior to burial, cremation, or removal, and in any elent, with	es, no, or unkown) (If yes give war or dates of service) Miss Virginia Carmichae 1/1/10	100)
the de nation	The state of the s	NTERVAL BETWEEN
at the ian. d by frans crer	PART I. DEATH WAS CAUSED BY: Cerebral Hemorrhage	4 4000
hysic signe rrial,	Conditions, If any, which \ DUE TO Attack Schools	1541
agenting of the properties of	gave rise to immediate	10/10
w re endii as b as th rrior	underlying cause last. (c)	
r att r att te hi use a	///	19. WAS AUTDPSY PERFORMED?
N: Ti tal o tifica for for Hea	20a, ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part or Part of Item 18.)	YES ND
ospi cert cert thed of. of	20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part II of Item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
ING PHYSICIAN. The law requires that I by the hospital or attending physician. Ifter this certificate has been signed be detached for use as the burial-tran State Dept. of Health prior to burial, cre	20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (Gity or town) (County)) (State)
ING I by be be Stat	p.m. 19 at work at work	
ATTENDING retained by CCTOR: After Should be with the State	21. I certify that (I) (this hospital) attended the deceased from	, that (I) (we) las
Freth 3 sk	22a. SIGNATURE 22b. DATE	SIGNED
L OR sy be DIRE	M.D. ATTENDING MED. STAFF PHYS. 8 -/ 3	7-66
PITA 4 m.4 er. p	22c. PHYSICIAN'S NAME (Type) ME, Buck-+	1
TO ROSPITAL OR ATTENDING P Page 4 may be retained by t TO FUNERAL DIRECTOR: After director, page 3 should be d should be filed with the State	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. 10CATION (City, town or county	(State)
5 of	REMDVAL (Specify)	
	ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S S	
VR A15 (4) 20M 1/65	Howard & Grove, Harreack, Md. DATE AUG 23 1966 Juliane	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death/ `@€\ after death. PLACE OF DEATH 1. 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY on papers. Pages 1 ■ithin 72 hour∎ after b. CITY OR TOWN (If outside corporate limits. MARYLAND Maryland Allegany
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b write RURAL and give nearest town) 24 hours Ξ 12 Days Oldtown Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospite), give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO Western Maryland State Hospital etely within completely ve carbon vevent, ■ith NAME OF Middle Lasi DATE Month Dav Year 4. DECEASED (Type or print) DEATH and conexecuted 6. COLOR OR RACE DATE OF BIRTH AGE (In years last birthday) I IF UNDER 1 YEAR HE UNDER 24 HRS 7. MARRIED **NEVER MARRIED** Months Days Hours WIDOWED DIVORCED attending physician a srmit. Then please re in, or removal, and /in a 106. USDAL OCCUPATION (Give kind of workdone during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (Dounty & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? death certificate be Retired School Bus Driver for Jacob Wilson West Virginia Hardy Co. Wes John Parker Mabel Shrout 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, mo, or unknown) | (11 yes give war or dates of service) 17. INFORMANT 16. SOCIAL SECURITY NO. Address cremation, No 212-12-8301 Box 39 Fred Parker. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH been signed by t the burial-transit or to burial, crema by PART I. DEATH WAS CAUSED BY: chaus. IMMEDIATE CAUSE (a) DUE TO Cenditions, if any, which (b) gave rise to Immediate has been as the t DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? certificate NO. YES [20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of Item 18.) be detached for State Dept. of P (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, (County) 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. While Not While After Id be d at work at work 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should liled with the and that death occurred at 73-4M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE DATE SIGNED тау ре page ATTENDING DIRECTOR M.D. PHYS. TO FUNERAL PHYSICIAN'S ADDRESS: director, p should be NAME (Type) 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Burial August 18. town Methodist Cem 1966 01dtown25a. REC'D BY REGISTRAR FUNERAL DIRECTOR VR AI5 (4) Hafar 230 Balto Ave. Cumberland



Division of STATISTICAL RESEARCH AND RECORDS, 301, W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #9 Film CERTIFICATE OF DEATH 11976 11971 PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. filled in by the funeral npapers. Pages, 1 and 2 thin 72 hours after dealers. 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) . PLACE OF DEATH i county ashing ton o. STATE a. COUNTY Washington MARYLAND Marvland b CITY OR TOWN (If outside corporate imits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Hagerstown Hagerstown Weeks e IS RES DENCE ON A FARM? d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Washington County Hospital 100 North Potonac YES NO F NAME OF Middle 4 DATE Month Lost Year completely in one contact in the con DECEASED OF 18 DEATH (Type or print) Irvin attergonJr avherry F UNDER 1 YEAR IF UNDER 24 HRS S SEX DATE OF BIRTH 9. AGE (In veors 6 COLOR OR RACE 7 MARRIED NEVER MARRIED last burindoy) Months Hours the attending physician and car sit permit. Then please remay Male White DIVORCED WIDOWED Dec. 30,191 crematian, ar removal, and in any 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired)
Hotel Manager INDUSTRY Hagerstown Maryland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Mayberry I. Patterson Emma Nigh IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Md Potonar St. 100 (Yes, no, ar Linknown) (If yes give war or dates of service Hagerstown, Md 220-16-0447 Mrs Emma Pattersor INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) signed by the burial-transit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached for use as the burial-transhauld be filed witll the State Dept. of Health priar to burial, crer DUE TO Conditions, if any, which gave rise to immediate cause (a). DUE TO storing the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/0/2 WAS AUTOPSY PERFORMED? bloom laskustion YES T 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port No Port II of item 1B. 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, 20E. (City or town) (Stote) 20d. INJURY OCCURRED (County) 20c. TIME OF INJURY Month, Doy, Year Hour a.m foctory, street, office bldg., etc.) Not While ot work ot work 21. I certify that (1) (this haspital) attended the deceased fram 20 years 19.66 to_ Lua, 1966, that (1) (we) last AUSI 1966, and that death accurred at 1: 30AM, fram causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE -14 0 M.D. DIRECTOR 22d. ADDRESS106 22c. PHYSICIAN'S Potomac NAME (Type) Clovis Snyder. M. Harerstown 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) 23b. DATE THEREOF 23o BURIAL CREMATION Burial Hagerstown Larvland 66 Rose Hill Centery 2Sb. REGISTRAR'S SIGNATURE 258 REC'D BY REGISTRAR Coffman Funeral Home Inc. VR A15 (4) 20 M 1/66 1000

MARYLAND STATE DEPARTMENT OF HEALTH



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician apd completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove cabon papers. Pages A and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and inlangeventy within 72 hours after death.

DIVISION OF STATIST

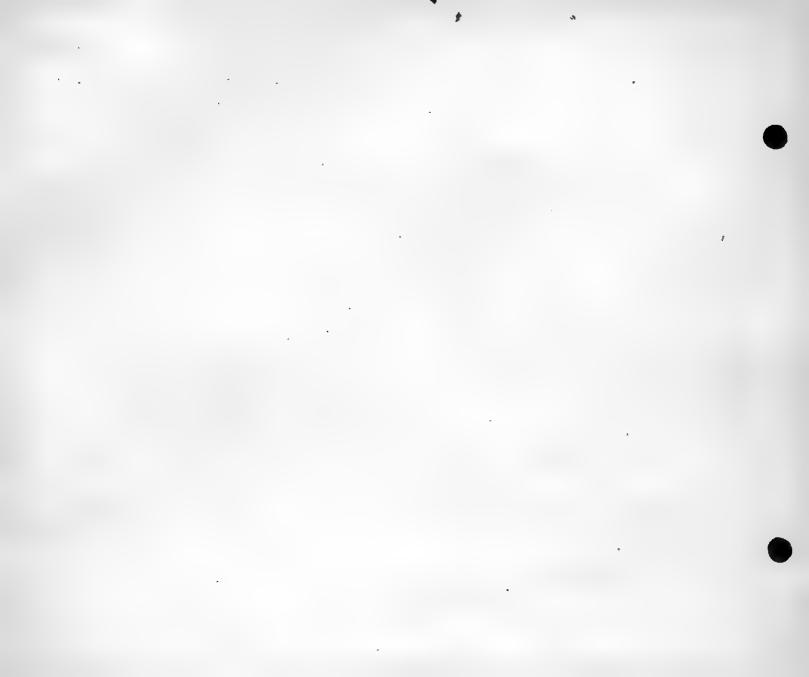
	MARYLAN	D STATE	DEPART	MENT OF	HEALTH		
ICAL	RESEARCH	AND RECO	ORDS, 301	W. PRESTON	STREET,	BALTIMORE	1, MARYLAND

1 _	11577			CERTIFICA	TE OF DEAT!	1	11346/
1.	PLACE OF DEATH					CE (Where deceased lived, If institution: b. COUNTY	Residence before admission)
L _	Washin			MARYLANO		ď	4
'	b. CITY OR TOW Write RURAL	N (If outside corpora and give nearest tow	te limits,	c. LENGTH OF STAY IN 1	b c. CITY OR TOWN (1	foutside corporate limits, write RUR	AL and give nearest town)
	Hagers		Only of Earth San Inch	3 days spital, give street addres	Brunewi d. STREET ADDRESS		A SO DEDIDENCE
							e. IS RESIDENCE ON A FARM?
3.	Washin	gton County	rst		12 W. E		YES NO DE
T	DECEASED (Type or print)			Middle	Last	4. DATE Month OF DEATH Assessed	Day Year
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1 1	Male	White	WIDOWED [January 12.	1887 79 yrs.	Oays Hours Min.
		ION (Give kind of working life, even if retire	donel 10b. KIN	ND OF BUSINESS OR	11. BIRTHPLACE (C		CITIZEN OF WHAT
		- Engineer	B&C	Railroad	West Virg	inia	COUNTRY?
13.	FATHER'S NAM	E			14. MOTHER'S MAT		
		pher Phil	~			ane (unknown)	
15. (Yas,	WAS OECEASED F	VER IN U.S. ARMED FO (If yes give war or dates o	(envire)	OCIAL SECURITY NO. 1		Address	
-	no				Mrs. TOC D	interman Hager	stown, Md.
				e for (a), (b), and (c).1			INTERVAL BETWEEN ONSET AND GEATH
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	cause (a), st underlying caus	aring ure [eriosclerosi	s, Generaliza	ed	Years
10 No.	PART II. OTHERS	IGNIFICANTCONOITI		ING TO DEATH BUT NOT R	LATEO TO THE TERMINAL	DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
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	20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT	WAS UNDERLYING THE CAUSE OF DEATER MEDICAL EXAMI	TH NER) 20b. OF	ESCRIBE HOW INJURY OF	CURREO. (Enter nature o	f injury in Part I or Part II of Item	18.)
무네가	20¢ TIME OF I	and the second second	Many I god IN	HIRV OCCUPATED Lane		arm. 20f. (City or town) (C	ounty) (State)
[일 [NJURY Month, Oay,	teal 200. IN.	fa	'LACE OF INJURY (Home, f ctory, street, office bldg., (arm, 201. (Gity of town) (C	(State)
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	Hour a.m p.n 21. I certif saw the dec	n. 19 y that (I) (this hoseased alive on	at work oital) attended	at work	August 15 , 1	966 to August 18 190 12 now, from the causes and on	56_, that (I) (we) last the date stated above.
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	21. I certiff saw the dec 22a SIGNATUR 22c. PHYSICIA	y that (I) (this hospeased alive on	at work pital) attended	d the deceased from 19 65, and t	August. 15 , 1 hat death occurred at.	966 to August. 18 190 12 10 7, From the causes and on MED. STAFF 22b.	56_, that (I) (we) last the date stated above.
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	21. I certif saw the dec 22a. SIGNATUR 22c. PHYSICIA NAME (T)	y that (I) (this hos beased alive on the N.S. ppe) Wm. N.	at work pital) attended	d the deceased from 19 65, and t	August 15 , 1 hat death occurred at. M.D. ATTENDING PHYS. 22d. ADDRESS 218 N. P.	966 to August. 18 190 12 10 7, From the causes and on MED. STAFF 22b.	56_, that (I) (we) last the date stated above. OATE SIGNEO 9, Aug. 1966
23a.	21. I certif saw the dec 22a SIGNATUR 22c. PHYSICIA NAME (T)	y that (I) (this hos ceased alive on the lite. N'S PPE WH. N. ATION, 230. PATE (ciffy)	at work pital) attended tuguet 1	at work at the deceased from 1965, and the deceased from 1	August 15 , 1 hat death occurred at M.D. ATTENDING PHYS. 22d. AOORESS 218 N. P. RY OR CREMATORY	966 to August 18 190 12 nom, From the causes and on 12 nom, From the causes and on 12 nomecon Staff 10 nomecon	56_, that (I) (we) last the date stated above. OATE SIGNEO 9, Aug. 1966

VR A15 (4) 20M 1/65



1 (N/)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
V	11578 CERTIFICATE OF DEATH
	1. PLACE OF DEATH 1 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
the fu	WASHINGTON MARYLAND B. COUNTY ASHINGTON
rurs in by Pag	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) HAGERSTUWN C. LENGTH OF STAY IN 1b L. FC Rural #3 HAGERSTUWN
24 ho filled in 72 hill 72 h	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	WASHINGTON COUNTY HOSP ST James VIllage VES NOFT
tate #	3. NAME DF DECEASED (Type or print) Jericy Joy Proprint Sericy Joy Proprint Sericy Joy Proprint Sericy Series Sericy Series Seri
executed was and completed or complete in any event	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER/MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED 9-Locky 1966 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Oays Hours Min.
be cian ase nd in	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12b. KIND OF BUSINESS OR library 12c. CITIZEN OF WHAT COUNTRY?
~ >=	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
iding ph Then removal	KOLLIN O. Vowell Jacqueline Jennings-
팔들이	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or Unknown) (If yes pive war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or Unknown) (If yes pive war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or Unknown) (If yes pive war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or Unknown) (If yes pive war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or Unknown) (If yes pive war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or Unknown) (If yes pive war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or Unknown) (If yes pive war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or Unknown) (If yes pive war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or Unknown) (Yes, o
하 한 하는 다	1.18. CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c))
= >.ΩE	PART I. DEATH WAS CAUSED BY: BRONCH O PNEUMONIA ONSET AND DEATH SCAYS
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ulres g phy en si bur	Conditions, If any, which (b).
aw red tendini tas bee thas the prior to	cause (a), stating the OUE TO
law attel has h pri	
N: The la tal or att ificate h for use Health p	5 HENOLD- CHIARI SYNDRAME , CLUB FEET YES NOT
CIA Sspír cert ned t. of	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 13. WAS AUTOPSY PERFORMED? YES NOT VALUE TO PART II OF ITEM 18.) OR CONTRIBUTING CAUSE OF OF OTH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSI the hy this this detach	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a.m. While Not While State (State)
ING by ttel be Star	p.m. 19 at work at work
ATTENDIN retained b CCTOR: Aft S should b with the St	21. I certify that (1) (this hospital) attended the deceased from 19 1960, to 6 1941, 1960 that (1) (we) last saw the deceased alive on 6 1960, and that death occurred at 114 M, from the causes and on the date stated above.
ECT REST	228./SIGNATURE () () () () () () () () () (
L OR be DIRE age 3	Royald 6. Ruyon M.O. ATTENDING MED. STAFF 6 Hug 1966
TO HOSPITAL OR ATTENDING Page 4 may be retained TO FUNERAL DIRECTOR: Adjrector, page 3 should should be filed with the	PHYSICIAN'S PHYSICIAN'S PARED REYSER 101 KING ST. HASER, NO.
Page Page Greek	23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
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	24. FUNERAL DIRECTOR Hage is stown ADDRESS many lawer 152. REGISTRAR'S SIGNATURE AND DELLE STORY FUNERAL DIRECTOR HAGE SIGNATURE
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1 1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120	· D1
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te be ex ian and ase rem	10c JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CIT	ZEN OF WHAT NJRY?
physician hen these	13 FATHERS NAME Richard B. Powell Mettie E. Downer	
he death cert attending p permit. The	15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 214-09-1600 Mrs.M. H. Powell 133 Dogwood Drive	
equires that the physician. signed by the burial-transit burial, cremat	IB. CAUSE OF DEATH (Enter only one couse per line for (o). (b). and (c)) PART I. DEATH WAS CAUSE BY IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last (c)	INTERVAL BETWEEN ONSET AND DEATH
The ratte has use a lith pr	PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES NO
PHYSICIAN: e haspital ar his certificate stached far u Dept. of Heal	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor Hour o m. 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, form	
PH his his etac Dep	p.m. 17 of work — of work —	
₽ o o o	21. I certify that (I) (this haspital) attended the deceased fram 11-26, 19.46, to 8-30, 19.6 saw the deceased alive on \$130/66 19, and that death accurred at 250 M, from causes and an the	€, that (I) (we) los e date stated abave
be re DIRE DIRE	70 PHYSICIAN'S Tohn U Hombolton M. D. 122d. AODRESS 1.5/1 West Washingt	on St.
O HOSPITAL Page 4 may O FUNERAL director, pag should be fi	NAME(Type) Hagerstown, Md.	
TO HOSPII Page 4 m TO FUNER director, should b	REMOVAL (Specify) 9/2/66 Rest Haven Cemetery Hagerstown	Wash. Md.
VR A15 PC 20 M 1/60	24. FUNERAL DIRECTOR & 250 REC'D BY REGISTRAR 250 REGISTRAR'S SIGNAL HONOR PROPERTY CHARLES STORES DATE SEP 6 1986 ACLIAN	





1 (M)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR	RYLAND
	11981 CERTIFICATE OF DEATH	11976
after death. the funeral ges 1 and 2 after death.	1. PLACE OF DEATH O. COUNTY O. STATE PONA D. COUNTY	rice before admission)
hours afted in by the rs. Pages thours after aft	b. CITY OR TOWN (If outside corporate limits, write RURAL and write RURAL and give nearest town) 3 DAYS C. CITY OR TOWN (If outside corporate limits, write RURAL and Give nearest town)	give neerest town)
24 hou filled in papers. in 72 ho	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS MARTIN MANCR ROST HOME. 329 TYRING ST.	e. IS RESIDENCE ON A FARM? YES NO 🔀
within pletely arbon nt, with	The state of the s	Day Year
executed within and completely remove carbon any event, with	5. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years FUNDER 1 VI Formale Charles WIDOWED DIVORCED 12 / 1/1897 Color of Race WiDOWED DIVORCED 12 / 1/1897 Color of Race WiDOWED DIVORCED 12 / 1/1897 Color of Race WiDOWED DIVORCED 12 / 1/1897 Color of Race WiDOWED DIVORCED 12 / 1/1897 Color of Race WiDOWED DIVORCED 12 / 1/1897 Color of Race WiDOWED DIVORCED 12 / 1/1897 Color of Race WiDOWED DIVORCED 12 / 1/1897 Color of Race WiDOWED DIVORCED 12 / 1/1897 Color of Race WiDOWED DIVORCED WIDOWED DIVORCED WIDOWED WIDOWED	EAR IFUNDER 24 HRS. ys Hours Min.
be ex sician a ease re and in a		ZEN OF WHAT
rtificate	13. FATHER'S NAME D. S. Bayler 14. MOTHER'S MAIDEN NAME Crower	22
ath ce	15. WAS DECEASED EVER IN U.S. ARMEDFORCES? 16. SDCIAL SECURITYND. 12. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service)	otte, Pa.
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician. D FUNERAL DIRECTOR: After this certificate has been signed by the attending hospician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Here, please remove carbon papers. Pages 1 should be filed with the State Dept. of Health prior to burial, cremation, or removed, and in any event, within 72 hours after	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OCCUSION OCCUSION	NTERVAL BETWEEN ONSET AND DEATH
PHYSICIAN: The law requires that the hospital or attending physician. This certificate has been signed betached for use as the burial-trane Dept. of Health prior to burial, cre	Conditions, If any, which Bave rise to immediate (b) Cormany actory disease	years
sw requirent tending as beer as the prior to	cause (a), stating the DUE TO underlying cause last. (c)	19. WAS AUTOPSY
The land or at ficate hor use	TAN THE TOTAL PROPERTY OF THE	PERFORMED? YES NO P
SICIAN hospits is certi ached f ept. of		(State)
ING PHY by the ffter thi be det	Hour a.m. while Not While factory, street, office bldg., etc.)	
DR ATTENDING DB retained by DB retained by IRECTOR: After I 3 should be see with the Stat	saw the deceased alive on 33//6 19 and that death occurred at M. from the causes and on the	that (i) (we) last date stated above.
AL OR Jay be ray be ray page 3 filed w	1. Robert Lew J. M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 1220, ADDRESS	1/66
TO HOSPITAL Page 4 may TO FUNERAL of director, page should be fill	NAME (Type) D. Pober + Hess Ju. M.J. Shada Grove Penna. 23a. BURIAL CREMATION, 1 23b. DATE THEREOF 1 23c. NAME OF CEMETERY OF CREMATORY 1 23d / LOCATION (City, town of count)	y) (State)
TO TO HAS	24. EUNERAL DIRECTOR ADDRESS 258. REC'D BY REGISTRAR'S S	SIGNATURE
VR A15 (4) 15M 4-64	a, E. Minnich - Streencastle, ta, DATE SEP 1 1966 Johnson	en Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 r death hours after death. PLACE OF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE Maryland b. COUNTY by the fi Pages 1 irs after Washington MARYLAND Washington CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Williamsport Hagerstown days papers. iin 72 h d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address filled d. STREET ADDRESS e. IS RESIDENCE 24 ON A FARM? Washington County Hospital 20 Revnolds Road No.K YES letely bon p The law requires that the death certilicate be executed within 3. NAME OF First Middle Last 4. OATE Month Day Year DECEASED Emma Gladys Rawlings (Type or print) August 19 66 DEATH 5 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS. (S) 聖司 DATE OF BIRTH last hirthday) Months | Days Hours | and reme any .5.1888 WIDOWED 5 DIVORCED [physician n please r val, and in Æ 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. OUSEWOR Prince George's County FATHER'S NAME removal, MOTHER'S MAIDEN NAME ed by the attending phi-transit permit. Then f cremation, or removal, 14. 6 N 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN Address (Yes, no, or unkown) I (If yes nive war or dates of service) CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN been signed by the burial-transit or to burial, crema ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the has be as the prior t underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY use for use Health PERFORMED? certificate YES NO D PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING FI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) ŏ detached MEDICAL 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) Hour a.m.-While Not-While After retained by Stat at work p.m. 19 at work Z.18 1966 66 should ith the ㅁ 21. I certify that (I) (this has his attended the deceased from 19 DIRECTOR age 3 sho led with t saw the deceased alive on 66 and that death occurred at IA . M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED filed ATTENDING PHYS. MED. M.D. 4 may FUNERAL director, p 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Eyrkit Williamsport Maryland 21795 BURIAL, CREMATION, REMOVAL (Specify) 23b. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. DATE THEREOF 23c. 2 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 1966 VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death and filled in by the funeral papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, if institution. Residence before admission) Washington o STATE b. COUNTY MARYLAND Maryland Washington papers. rug 72 haurs after b CITY OR TOWN (If autside carparate limits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) 2 Days Hagerstown Rural Boonsboro Rfd. 2 d NAME OF HOSP, TAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS o IS RESIDENCE ON A FARM? Washington County Hospital YES X NO Mapleville 3. NAME OF teiy f sban 1151 Lost 4. DATE Month Day Year DECEASED Elmer nany event (Type ar pnnt) Charles Reeder August 19. 19 66 DEATH IF UNDER 24 HRS. 5 SEX 6 COLOR OR RACE B. DATE OF BIRTH AGE (In years IF UNDER I YEAR 7 MARRIED NEVER MARRIED last birthdoy) Months Dec. 27. 1891 Male White WIDOWED DIVORCED 10g USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 11. BIRTHPEACE (County & State, or foreign country) 12 CITIZEN OF WHAT 5 and in during mast of working *fe, even if retired} INDUSTRY COUNTRY? Rural Boonsboro . Md . Farming 14. MOTHER S MAIDEN NAME 13. FATHER'S NAME or removal, James Reeder Betty Cronise 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, ar unknown) (If yes give war of dates of service) 214-09-9385 Mrs. Mabel C. Reeder, Boonsboro Rfd. 2,Md. burial, crematian, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a) 16), and (c) signed by the burial-transit p PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CALISE (a) DUE TO Canditions, if any, which gave rise to 'mmediate cause (o), **DUE TO** has been s stating the underlying cause the last. QS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT/RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO Page 4 may be retained by the haspital or this certificate 20g ACCIDENT WAS LINDERLYING [" 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH director, page 3 should be detached I should be filed with the State Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Haur am. Not While factory, street, affice bldg. etc.) at wark TO FUNERAL DIRECTOR: After at work , 10 /HC 21. I certify that (1) (this hospital) attended the deseased from 41.66 1966 saw the deceased alive on stud 1966, and that death occurred at QP M, fram Jauses and on the date stated above 22a, SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS. 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a BUR AL, CREMATION (County) Burial (Specify) 8- 22-66 Beaver Creek Cemetery Borver Creek Md

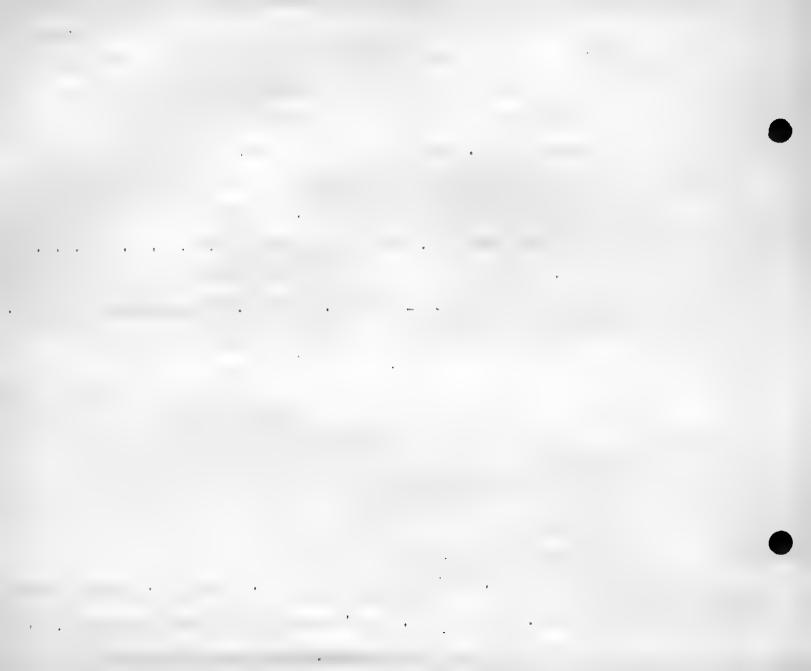
GISTRAR 25b. REGISTRAR'S SIGNATURE 25g. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) 1966 AUG 20 M 1/66 John H. Bast, Jr. 112 N. Main St. Boonsboro Md DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11979 CERTIFICATE OF DEATH 11984 , filled in by the funeral papers. Pages I and 2 Athin 72 haurs afferteath 24 havrs after death and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) Washington Maryland Washington MARYLAND b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c CITY OR TOWN (If putside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 Hagerstown Yrs. Hagerstown d NAME OF HOSP-TAL OR INSTITUTION (If not in haspital, give street address) d STREET AODRESS e IS RESIDENCE ON A FARM? Washington County Hospital 327 Pangborn Blvd. YES NO X PHYSICIAN: The law requires that the death certificate be executed within NAME OF Middle DATE .nst Month Day Year physician and completely nen please remove-carbyn DECEASED Ellen Vergie Rohrer August 16. 19 66 (Type or print) DEATH event S SEX AGE (In years IE UNDER 24 HRS 6 COLOR OR RACE B. DATE OF BIRTH 7 MARRIED NEVER MARRIED last birthday) Months Oays X Female White WIDOWED DIVORCED Dec. 18, 1876 28 10a JSUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, ar foreign country) 12 CITIZEN OF WHAT dur no most of warking lite, even if retired)
Housewife Own Home U. S. A. Rohrersville. Md. 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME the attending phy Joshua Slifer Eliza Haynes IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT 327 Pangborne Blvd. (Yes, go, or unknawn) (If yes give war or dotes of service) 212-50-7847 Mr. Daniel S. J. Rohrer, Sr. Hagerstown, Md crematian, 1B. CAUSE OF DEATH (Enter only one couse per INTERVAL BETWEEN burial-transit PART I DEATH WAS CAUSED BY signed by 1 IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate cause (a). DUE TO stating the underlying cause be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PART TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? far use if Health p NO DZ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20d INJURY OCCURRED (City or town) 20c, TIME OF INJURY Month, Day, Year (County) (State) factory, street, affice bldg., etc.) Nat While 19 at wark 196 V 21. I certify that (I) (this hospital) attended the deceased from to (shauld and that death accurred at (M. fram touses and an the date stated above. saw the deceased alive on, 22a, SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR director, page should be filed 22c. PHYSICIAN'S 22d. ADDRESS Page 4 may NAME (Type) 23b OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, REMOVAL (Specify) 8- 19-66 Cedar Lawn Mem. Park Hagerstown, Md. REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR John H. Bast, Jr. 112 N. Main St. Boonsboro, Md. DATE AUG 1966 liance VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301, W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1980 CERTIFICATE OF DEATH 11985 requires that the death certificate be executed within 24 hours after death completely filled in by the funeral nove carbon popers. Pages 1 and 2 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) PLACE OF DEATH o. COUNTY o STATE b. COUNTY Washington popers. Page. 72 haurs after d MARYLAND. Marvland Washington b CITY OR TOWN (If outside corporate limits, LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give nearest tawn) Hagerstown davs Boonsboro d NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) d STREET ADDRESS e IS RESIDENCI ON A FARM? Washington Co. Hospital YES NO TO Ford Ave. NAME OF Earst Middle DATE Lost Doy Year DECEASED ENOS SCHLOSSER ROUTZAHN (Type or print) DEATH August 1966 remove car AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH 7 MARRIED NEVER MARRIED last oirthday) Months Days Hours Male White ond in ony WIDOWED DIVORCED the ottending physicion and sit permit. Then please rem 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHP, ACE (County & State of fareign country) during most of working life, even if retired)
Retired Farmer INDUSTRY COUNTRY ? Mversville Frad . Co. Md Gen. Farm 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME or remova Enos S. Routzahn Alice Biser 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, ar unknown) (If yes give war or dotes of service) Mrs. Carrie A. Routzahn. Boonsboro, Md 216-30-2871 cremotion, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) signed by the buriol-tronsit p ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) physician. DUE TO buriol. Conditions, if ony, which gove nse to immediate couse (a), DHE TO stating the underlying cause Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been os the prior to 1 last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RECATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS PERFORMED? Health | YES NO Š 20g ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 40 detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, 20d INJURY OCCURRED (City or town) (County) (State) TIME OF INJURY Month, Day, Year Hour a.m. factory, street, office bidg, etc.) Not While at work at wark 21 I certify that (I) (this haspital) attended the deceased from 19 19____, that (I) (we) last . fa plaous and that death accurred at M, from causes and an the date stated above saw the deceased alive an 22a SIGNATURE 22b DATE SIGNED STAFF PHYS. DIRECTOR director, page 3 should be filed v M.D PHYS 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) Thomas Craig N.Potomac St. Hagerstown Mo 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. 10 (ATION (City or Town) 23g BURIAL, CREMATION, (County) (State) REMOVAL (Specify) St. Paul's Lutheran Mversville Fred 25g REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **ADDRESS** VR A15 (4) ALIG VCleanley 1966 18 20 M 1/66 Bittle Myersville Md



1	Items 18&21 Film 380 MARYLAND STATE DEPARTMENT OF HEALTH
	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE V	11586 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where beteased lived, If institution: Residence before admission) a. COUNTY b. COUNTY
	WASHINGTON MARYLAND MARYLAND PRINCE GEORGE
funeral funeral nay be ortment death.	b. CITY DR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town)
ecess formation of the func- formation of the formation o	HAGERSTOWN 3 DAYS LANHAM
0.6	d. NAME OF HDSPITAL OR INSTITUTION (if not in hospitar, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Page State hours a	MOTOR INN, PUBLIC SQUARE 9317 WASH, BLVD. YES NO NO
m 60 (i)	3. NAME DF First Middle Last 4. DATE Month Day Year DECEASED OF
E-25	(Type or print) SHIRLEY JEANNE SCHULKINS DEATH AUG. 1/ 1900
18. Give Pages 1, 2 along with form Pages 1 and 2 with form Pages 1 and 2 with in any event withing	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Months Days Hours Min.
## ## 5	FEMALE WHITE WIDOWED NOV. 29.1934 31 yrs.
with with event	10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
after S. Giv long es 1 any e	HOUSEWIFE OWN HOME PENNSYLVANIA U.S.A.
hours af fice alon le pages nd in an	13. FATHER'S NAME
14 hour litem of the part of t	CLATRE PRIESTLEY CLARA BEASON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT LAWHAMANT MARY LAND
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Yes, no, or unkown) (If yes give war or dates of service)
within pencil in miner's miner's permit.	NO MR. JOHN SCHULKINS 9317 WASH. BLVD.
d wi	18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH
ould be executed ord "pending" in hief Medical Exan s a burial-transit al, cremation, or i	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (8) PENDING Poisoning Barbiturates (1.29 Mg%) 12 hours
tion the	Conditions, if any, which \ Hypostatic Pneumonia, Bilateral
be (fedi fedi ema	gave rise to immediate
ef le	cause (a), stating the DUE TO underlying cause last.
sho Chi as irial	V/
ficate sho the wor to the Chi used as to burial	PERFORMED? YES \(\) ND \(\)
EXAMINER: This certificate should be executed within 24 houst certificate, writing the word "pending" in pencil in Item toold be forwarded to the Chief Medical Examiner's Office les. R: Page 3 should be used as a burial-transit permit. File poignated agent, prior to burial, cremation, or removal, and is	20a. EXTERNAL CAUSE WAS 1 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Pert 11 of Item 18.)
R. This certificate, writing forwarded to 3 should be agent, prior	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.
This sho sho cent,	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE DF INJURY (Home, farm, 20f. (City or town) (State)
E S C S	Hour e.m. While Not While et work street, once ong., etc.)
EXAMINE The certificate should be a should be a files. Tiles. CTOR: Page designated	21. I certify that I took charge of the remains described above, held an Autopsy 🔀 , Inspection 🔲 , Inquiry 🔲 , and in my opinion
EXAM The certified 4 should your files. IRECTOR: Pairs designating the certified files.	death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner
ge 4 sl your fi	CHIEF MEDICAL EXAMINER
프로 했는 글	ACTUAL SIGNATURE
~ × ~ = -	DEPUTY MEDICAL EXAMINER (A)
DEPUTY Melease exective from Property P	NAME (Type) DR. E. W. DITTO, JR 215 W. WASH. Sidness Harren Country (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF , 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) / (State)
	REMOVAL (Specify)
ot of other	REMOVAL 8/18/1966 FAIRVIEW CEMETERY ALTOONA PENNA ADDRESS 253. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
VR ALSME (5)	ALIG 29 1966 OCHERAL OLLAR
5M 1/65	CHARLES M. ROUZER HAGERSTOWN, MARYLAND DATE NOO 23 1500 Junge

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- 1		MARYLAND STATE DEPARTMENT O	F HEALTH
100			N STREET, BALTIMORE 1, MARYLAND
		TAGAT CERTIFICATE OF DEATH	11082
after ould		- COLDINA	CE (Where deceased lived, If institutions Residence before admission)
ins shirt		a. COUNTY WAShington MARYLAND D. STATE MC	d. b. COUNTY (1/as/
hot hot and the sath		b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c CITY OR TOWN (if write RURAL) and give negratiown)	If outside corporate limits, write RURAL and give nearest town)
24 C E E E		Hagerstown 34RS + 138 E.	Franklin St.
affi	,,	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address) d. STREET ADDRESS	a. IS RESIDENCE ON A FARM?
	(5	ettman Home for Aged Hagers	FOCUN, Md. YES NO DE
Series I	3.	NAME OF First Middle Less	4. DATE Month Day Year
x de la	_	(Type or print) Mary Ellen Sensheimer	DEATH August 8 1966
e Day	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH	9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
and car	_	Female White WIDOWED DIVORCED 10/28/18	87 83 yrs.
ficat cian ove eve	10a do	a. USUAL OCCUPATION (Give hind of work on daring most of working life, even if retirad) HOME THE REPORT OF METERS OF INDUSTRY II. BIRTHPLACE (Country) HOME	try & State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
hysi hysi rem may	_		11t, 19, 10, A.
in a see	13.	James Carpenter Elonene	1
de riple de la company de la c	15	WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	Adday
the atte	(84	es, no, or pakown) (Hyergivawarordalesofservica)	Langhamin liceynesticus
hat The	-	18. CAUSE OF DEATH [Enter only one cause per line for (a), ,b), and (c) }	INTERVAL BETWEEN
by by r		DART I DEATH WAS CALLEED BY	ONSET AND DEATH
hys and a point of the point of		4201 MMEDIATE CAUSE (a) Concord of Studenthosa	club to 3 days.
V Pr Pr Signal Pr Pr Pr Pr Pr Pr Pr Pr Pr Pr Pr Pr Pr		2	Dissail _ 30 mas
o la ndir ndir-t cren		gava rise to immediate cause	9
atte atte		(a), stating the underlying of Gliller at Fant & Sillies	u' 30 ym
FLN:	NOIL	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
CIVITY OF THE STATE OF THE STAT	Š		YES NO
hou hour rus	CERTIFIC/	208. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in OR CONTRIBUTING CAUSE OF DEATH	Part I or Part II of (tem 18)
문문 문문 문문 문문 문문 문문 문문 문문 문문 문문 문문 문문 문문	_	(IF EITHER, NOTIFY MEDICAL EXAMINER)	 :
NG I by After Asserted	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20o. PLACE OF INJURY (Homa, farm Whila Not Whila lactory, streat, office bldg., alc	n, ' 20f, (City or town) (County) (State)
Con the state of t	ME.	p.m. 19 st work at work	
12 0 8 d		21. I certify that (I) (this hospital) attended the deceased from10/.31./	
State		saw the deceased alive on	M, from the causes and on the date stated above
4 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	l		MED. STAFF DIRECTOR PHYS. SIGNED
A Paris		22c. PHYSICIAN'S 226 ADDRESS	-T- 66
Pag ER Wilw		NAME (Type) Edward W. Ditto III, M.D. 217 W. 1	Wash. St., Hagerstown, Md.
HOSPITAL Page FUNER Sector, per filled will	23	BURIAL CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town or county) (State)
00000		REMOVED (Specify) 8/12/66 Edar Hell	Greencaste, 1a.
VR A15 (4)	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250 REC	C'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE
15M 7-62	1	Clos Nfinnich - Strencasic Car DATE	AUG 12 1966 garden Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 198311988 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) Washington o. STATE **b.** COUNTY Frankliny MARYI AND b CITY OR TOWN (if outside corporate limits. C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give nearest town) Chambersburg Hagerstown Md. 7 wks a NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street oddress) wks. d. STREET ADDRESS IS RESIDENC ON A FARM? 1 Garlock Nursing Home Route 6 NO 3 NAME OF Middle Lost 4 DATE Month Doy Year DECEASED 1966 David Shank DEATH (Type or print) AGE (In years IF UNDER 24 HRS. S SEX 6 COLOR OR RACE B. DATE OF BIRTH IF UNDER 7. MARRIED NEVER MARRIED lost birthdov) Months Dovs Hours WIDOWED DIVORCED White Male 10b KIND OF BUSINESS OR 100 USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? Retired Farmer Farming ILS.A Wash, Co. Md. 14. MOTHER'S MAIDEN NAME Rebbecca J. Mvers John B. Shank the offedding 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) Rd.6 Chambersburg None Mrs Julia Lehman 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the buriol-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Preumoni tis DUE TO Conditions, if ony, which gove (b) Arteriosclerotic Vascular Disease Several years rise to immediate couse (a), DUE 10 stating the underlying couse O FUNERAL DIRECTOR: After this certificate hos been the 19 WAS AUTOPSY PERFORMED? PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) NO T 힏 200 ACCIDENT WAS UNDERLYING [205, DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) detached for the Dept. of F OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Not While ot work ot work 21. I certify that (1) (this haspital) attended the deceased fram July 17. , 19 66, to Aug. 2. , 1966, that (1) (we) last Page 4 moy be retained should saw the deceased alive an Ang. 2 19.66, and that death accurred at 10.50M, fram causes and an the date stated above 22b DATE SIGNED 22n. SIGNATURE MED. DIRECTOR ATTENDING M.D PHYS. director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Washington St. Hagerstown, Md. Ditto. should 23d. LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify)
Burial Mennanite Cemeterv Clear Spring 250 REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR lear Spring, Md. 20 M 1/66 DATE Marila



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whate decasted lived If Institution, Residence before admission) a COUNTY MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (Fouls, de corporata , im Is c. CITY OR TOWN (flouts, da corporata limits, write RURAL and give neerest town) write RURAL and give nearest town) HAGERSTOWN
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 10 YRS. HAGERSTOWN d. STREET ADDRESS 1607 WABASH AVE. NAME OF DECEASED (Type or print) DEATH OD TENE 8. DATE OF BIRTH LIF UNDER 1 YEAR 7. MARRIED NEVER MARRIED bist birthday) Months DIVORCED 10b. KIND OF BUSINESS OR NOUSTRY | 11. B RTHPLACE (State or fora gn country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if ratired U.S.A. STATE HOSPITAL NURSE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15 WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yas, no, or unkown) (If yas giva war or datas of service) NO 215-36-6534

18. CAUSE OF DEATH [Enter only one cause per line for lat, [b], and (c) i INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fat embolism.lungs. Massive 2 3/4 hours DUE TO Contusion of thorax with multiple rib fractures (b) Myocardial contusion with subendocardial hemorrhage gave rise to immediate cause PULTO Fracture left femur & left side pubis. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.8.1 19, WAS AUTOPSY PERFORMED? YES TO NO TO 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of in ury in Part , or Part II of item 18. 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING Driving from parking lot, struck by on coming car. 2Dd, INJURY OCCURRED 200, PLACE OF INJURY (Homa, farm, 20f. (City or fown) (County) (State) at work at work & Northern Avenue Hagerstown, Washington, Md. 21. I certify that I took charge of the remains described above, held an Autopsy x, Inspection []. death resulted from: Natural causes Accident X Surcide Undetermined manner Homicide CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.NER DATE SIGNED should be for FUNERAL I NAME (Typs) Dr. NAME (Typa) Dr. E. W. Ditto, Jr. 226. BURIAL, CREMATION, 226. DATE THEREOF Addrass (Straat, city, town, or county) Hagerstown. Md. MD. ₽40 p LAWN MEM. 23 FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE

STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11500 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death. arban papers. Pages I and 2 th, within 72 haurs afterdeath attending physkian and completely filled in by the funeral permit. Then please permave karban papers. Pages I and USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH Washington o. STATE MARYLAND Maryland Washington b. CITY OR TOWN (If autside corporate emits, CLENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) write RURAL and give negrest town! Hagerstown 37Yrs. Rural Hagerstown Rfd. 4 d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS e IS RESTDENCE ON A FARM? Washington County Hospital Shinham Rd. YES TO NO TO 3. NAME OF Middle First Lost 4. DATE Month Dov Year DECEASED Bell Hazel Smith August 19 66 (Type or print) DEATH 19 and were 5 SEX 6 COLOR OR RACE B DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF INDER 24 HRS 7 MARRIED **NEVER MARRIED** ost birthday) Months Days Hours White WIDOWED T DIVORCED Sept. 6, 1895 Female 13 70 100 JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY pup Own Home Orristown, Pa. 13 FATHER'S NAME 14. MOTHER S MAIDEN NAME ar remayal, William M. Yoke Elizabeth Burkhart 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Hagerstown, Md 16 SOCIAL SECURITY NO. permit. (Yes, no. or unknown) (If yes give wor or dates af service) 220-10-3802 No. Mr. Josiah O. Smith. 1612 Broadfording Rd. crematian, INTERVA. BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) burial-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY. signed by 1 IMMEDIATE CAUSE (a) DUE TO ypertentro burial, Conditions, if ony, which gove nse to immediate cause (a). as the prior to b stating the underlying cause Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate hos been last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? of Health NO Ē 205. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Port II of item 18.) 20g ACCIDENT WAS UNDERLYING I OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (State) Not While factory, street, office bldg., etc.) at work at work shauld be 21. 1 certify that (1) (this haspital) attended the deceased fram. 19____, that (1) (we) last M, fram causes and an the date stated above. and that death accurred at saw the deceased alive an 22b. DATE SIGNED 22a SIGNATURE **ATTENDING** M.D. DIRECTOR PHYS. r, page 3 be filed ADDRESS 22c. PHYSICIAN'S NAME (Type) director, a 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23a BUR AL CREMATION 23d, LOCATION (City or Town) (County) (State) REMOVAL (Specify)
Burial 8- 22- 66 Williamsport, Md. 2 Green Lawn Cemetery 25g REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE VR A15 (4) John H. Bast, Jr. 112 N. Main St. Boonsboro, Md DATE AUG

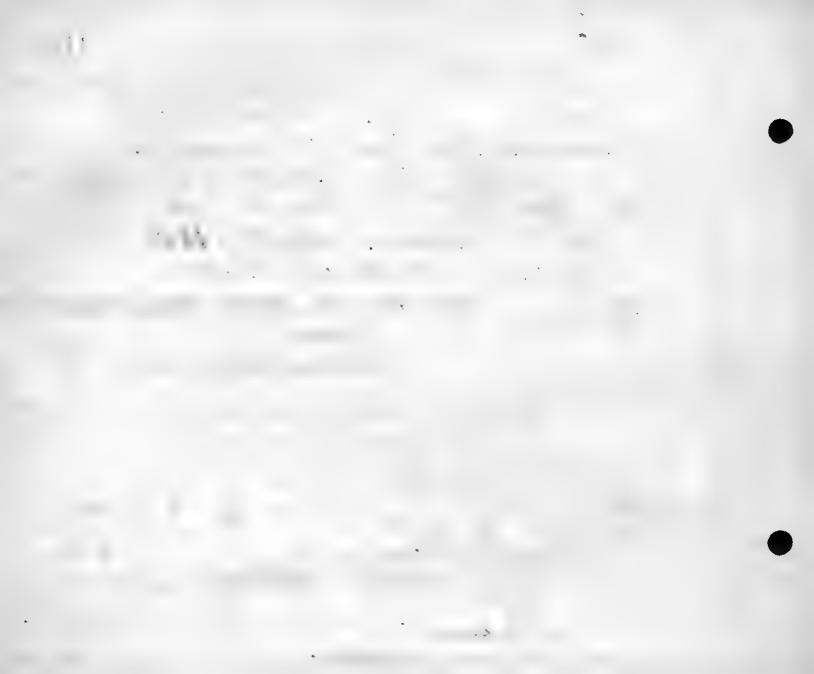


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 24 hours after death and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Washington MARYLAND by the Pages b. CITY DR TDWN (if outside corporate limits. C. LENGTH DE STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Smithsburg 60 urs Ξ Smithabura d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS IS RESIDENCE ON A FARM? I Pennsylvania Ave. within Pennsylvania Hve No. within etely Dod NAME OF Middle Last DATE DECEASED and comple Madeline Smith (Type or print) event DEATH 19 66 executed 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR last birthday) | Months | Days 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. Hours Female WIDDWED DIVORCED X physician en please r Ξ 10a USUAL DCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS DR (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be during most of working life, even (f retired) INDUSTRY COUNTRY? Housewite Own Home 13. FATHER'S NAME MOTHER'S MAIDEN NAME remova Roman Wolfe Laura Kuhn 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SDCIALSECURITY ND. INFORMANT Address 5 (Yes, no, or unkown) | (If yes give war or dates of service) Miss Gladys Smith Box 113 Smithsburg Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN DNSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (2) **DUE TO** Conditions, 1f any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last, (c) PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED? YES 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) DR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While 19 at work at work 21. I certify that (I) (this hospital) attended the deceased DIRECTOR: saw the deceased alive on all and that death occurred at A Matrom the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR PHYS. Dad TO HOSPITAL PHYS/CIAN'S TO FUNERAL director, pa 22d. ADDRESS FUNERAL 22c. NAME (Type) LOCATION (City, town or county) REMOVAL (Specify) emete Smithsburg FUNERAL DIRECTOR REGISTRAR'S SIGNATU 1966 VR A15 (4) DATE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death/ hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Washington a. STATE Maryland Washington MARYLANO completely filled in by the ve carbon papers. Pages event, within 72 hours aft CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENCTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) month dalvs Williamsport Maryland Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AOORESS e. IS RESIDENCE 24 ON A FARM? Washington County Hospital W. Frederick St. No K YES executed within Middle DATE Month Last 4. Day Year DECEASED i and complet femove carb if any event, v (Type or print) Leslie 1966 James Straitiff DEATH Aug. ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED DATE OF BIRTH 9. Male White WIDOWED X OIVORGED [7] sictan a lease re and-in 10a. USUAL OCCUPATION (Cive kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) þ INDUSTRY COUNTRY? Pa. U.S.A attending physic ermit. Then plea in, or removal, an Tacker Tannery The law requires that the death certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME Straitiff Ella Bowers Samuel 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Frederick St. been signed by the attenthe burial-transit permit. (Yes, no, or unkown) (If yes give war or dates of service) Mae Brown Williamsport 215-09-7 Mrs. Ella 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) by the hospital or attending physician. DUE TO Conditions, If any, which (b) gave rise to Immediate as the prior to **OUE TO** cause (a), stating underlying cause last, CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY certificate has the for use of Health p PERFORMED? NO TO YES 20a. ACCIDENT WAS UNDERLYING (1) OR CONTRIBUTING (3) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part II of Item 18.) detached f WEOICAL 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) After the de de de State Hour Not While While p,m at work at work 21. I certify that (I) (this hospital) attended the deceased from July 1966 to August . 19b6 DIRECTOR: age 3 should lifed with the August and that death occurred at 25 M. from the causes and on the date stated above. 66 saw the deceased alive on. 22a. SIGNATURE 22b. OATE SICNED page ATTENDING OIRECTOR FUNERAL ADDRESS 22c. PHYSICIAN! director, p NAME (Type) Williamsport Maryland 21795 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION. 23b. DATE THEREOF Burial (Specify) 10-66 Greenlawn Cemetery Williamsport Maryland 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY RECISTRAR | 25b. RECISTRAR'S SICNATURE 1966 Jennie E. Leaf Williamsbort Md. VR A15 (4) 1/65 20M



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE Item OF DEATH 11993 and 2 death. requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY **b.** COUNTY remove carban papers. Pages 1 in any event, within 72 haurs after MARYLAND C LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate imits, CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) filled in by Haaerstown B IS RESIDENCE ON A FARM? OR INSTITUTION (If not in haspital, give street address d STREET ADDRE YES NO (NAME OF DATE Day and completely DECEASED OF 19 06 (Type or print) DEATH 1F UNDER 24 HRS IF UNDER 1 YEAR AGE (In years SEX 6 COLOR OR RACE **NEVER MARRIED** last histogay) Months Doys Hours WIDOWED DIVORCED KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done COUNTRY? lease during most of working ite, even it retired) Hircraft 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME ar remaya 17 INFORMANT 16. SOCIAL SECURITY NO Address WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [(If yes give war or dates of service) signed by the affect permit burial, cremation, INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) attending physician. 1 5) [[1 DUE TO viosclerosis Conditions, if any, which gove rise to immediate cause (a). **DUE TO** far use as the l f Health priar ta b stoting the underlying cause has been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION ND K YES O FUNERAL DIRECTOR: After this certificate by the hospital or 200 ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) be detached for State Dept. of H OR CONTRIBUTING CI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e, PLACE OF INJURY (Home, form, 20d INJURY OCCURRED (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Hour o.m. Not While at work 1966 21. I certify that (I) (this haspital) attended the deceased fram. be retained 1966, and that death accurred at 8P M, fram causes and an the date stated above saw the deceased alive an 22o. SIGNATURE 22b. STAFF ATTENDING directar, page 3 should be filed v DIRECTOR M.D. PHYS. PHYS. **ADDRESS** 22d 22c. PHYSICIAN S Page 4 may NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (Stote) 23a BUR:AL CREMATION (County) REMOVAL (Specify) St. Paul's Cemetery Md. Paul Washinaton 25b. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 DATE SEP 1986 Hagerstown, Md



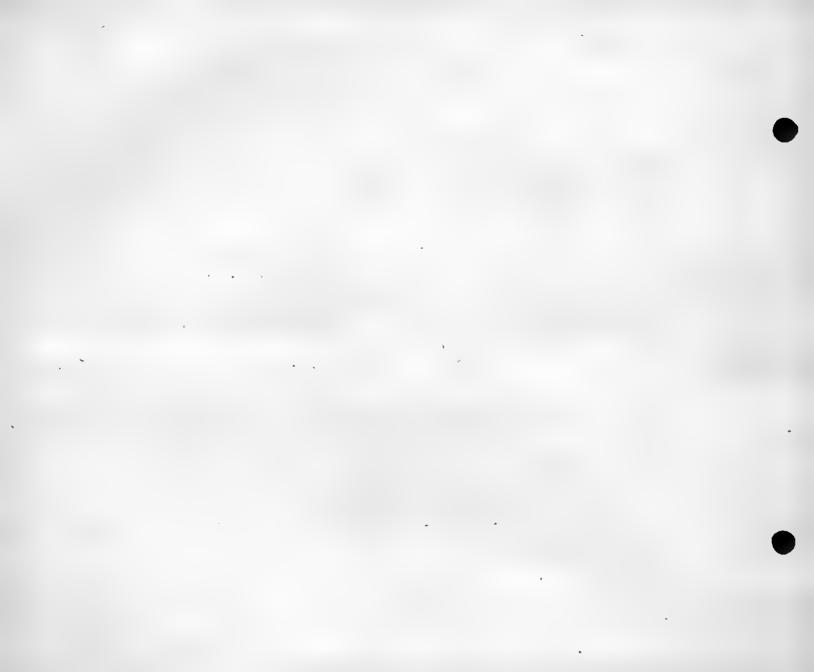
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11594 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death and campletely filled in by the funeral remave carban papers. Pages 1 and in any event, within 72 haurs after deat 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY "!ashington Penna. Frankline MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 (CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Maynesboro Hagerstown D.O.A. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? 28 E. Second St. Washington County Hospital NO Ex 3 NAME OF 4 DATE Middle Lost Month Year DECEASED S. August 66 Frances Topper 19 (Type or print) DEATH S SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthdoy) Months White Female Oct. 16. 1890 WIDOWED -DIVORCED 100 USUAL OCCUPATION (G ve kind of work done during most of working life, even if refired) 12 CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) COUNTRY? INDUSTRY Adams Co., Penna.

14 MOTHER'S MAIDEN NAME Housewife 13. FATHER'S NAME Margaret McIntire William Stahley 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service) Mr. F. Eugene Topper Waynesboro, Penna. no 18. CAUSE OF DEATH (Enter only one cause per lipe, for (a), (b), burial-transit PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by Page 4 may be retained by the hospital ar attending physician. DUE TO Conditions, if only, which gove rise to immediate couse (a). DUE TO as the prior to 8 stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) far use Health NO X 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) at work ot work 1955, to_ 8-5 1900 that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram____ 11-15 19/do, and that death accurred at 11#24M, fram causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** X directar, page 3 shavid be filed v M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION 23b DATE THEREOF (County) (Stote) REMOVAL (Specify) 8/8/1966 St. Andrew Maynesboro, Franklin, Penna, 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **ADDRESS** 24 FUNERAL DIRECTOR VR A15 (4) 1966 Waynesboro. Penna.

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH deoth. 24 haurs after death by the funeral Pages 1 and 2 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) 1. PLACE OF DEATH o. COUNTY Tashington lease remove carban papers. Pages 1 and in any event, within 72 hours after MARYIAND shington c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) b CTY OR TOWN (If outside corporate limits, E LENGTH OF STAY IN 16 write RURAL and give nearest town) erstown 2 Davs H. caratown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE the attending physician and campletely filled in sit permit. Then please remove carban papers. d STREET ADDRESS ON A FARM? 500 Summit Ave Tashington County wospi NO 3 requires that the death certificate be executed within 3 NAME OF Middle Lost DATE Month DECEASED DEATH (Type or print) AGE (In years lost birthday) 82 yrs. IF JNDER 1 YEAR IF JNDER 24 HRS. S SEX 6. COLOR OR RACE 8 DATE OF BIRTH 7. MARRIED **NEVER MARRIED** Months Hours "hi te Jany 34 1884 DIVORCED 12 CIT ZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) COUNTRYS during most of working fe, even if retired) INDUSTRY leitersours Tash Co J3 FATHERS NAME He me 14 MOTHER S MAIDEN NAME burial, cremation, ar removal, Samuel Strite Hettie A. Shank WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give was as dates at service) Joanne Dates Ill Pear Ave Kone INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) burial-transit ONSET AND DEATH PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if any, which gove rise to immediate cause (c). DUE TO stoting the underlying couse os the prior to b Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been The law 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING \$6 DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) be detached far use State Dept. af Health NO F 200 ACCIDENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER: 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or fown) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Hour o.m. Not While While of work of work 21. I certify that (1) (this haspito!) attended the deceased from 5/2-2-1966, to 5/24/66, 19__, that (I) (we) last director, page 3 should should be filed with the sow the deceased alive on \$124/66 19 ____, and that death accurred at 2457 M, from causes and on the date stated above. 22b. DATESIGNED 220 SIGNATURE ATTENDING PHYS DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) NAME OF CEMETERY OR CREMATORY 23g, LOCATION (City or Town) (County) (Stote) BURIAL CREMATION. REMOVAL (Specify) ose will Cemetery 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Hame Istorn Andrew K. Coffinen Funeral Hor. a



1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120/1 4 (1) (1) 1
	11996 CERTIFICATE OF DEATH
	PLACE OF DEATH a. COUNTY a. STATE b. COUNTY MARYLAND MARYLAND C. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town)
-	write RURAL and give nearest town) Herstown 6 weeks Harerstown, R # 5 d NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM?
-	Washington County Hospital Old Forge Road YES NO 3
	DECEASED (Type or print) ELSTE PAULINE TROVINGER OF DEATH AUGUST 18, 19 66 SEX A COLOR OF PACE TO MARDIED TO MESUSE MARDIED TO B. DATE OF RIGHT
-	Female "hite WIDOWELDE DIVORCED Apr. 10,1890 76" birthday) Months Days Hours Min Do USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPHACE (County & State or foreign country) 12 CTT ZEN OF WHAT
	ikring mast of working life, even if retired) NOUSRY HOUSEWITE NOUSRY OWN Home Napleville, Wash. Cty. W. S. A. NOUSRY OWN Home NAME
	George Wallick Mary C. Bowers
	15 WAS DECEASED EVER IN JS ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) 16 SOCIAL SECURITY NO 17. INFORMANT Address ADDRESS
	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Ventre of a Fibrillation INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
	Conditions, if any, which gave use to immediate cause (a), stoting the underlying cause lost. DUE TO (b) Arteriosclarotic Cardia vascular Disease 5 yrs. DUE TO (c) Pernice aus Anemia
HOLL	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY
	200 ACCIDENT WAS UNDERLYING \(\) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING \(\) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
1000	p.m. 19 at work 🗀 V
	21. I certify that (1) (thus hospital) attended the deceased from 5-1, 19-6, ta 8-18, 19-6, that (1) (we) last saw the deceased alive an 19-6, and that death accurred at 19-2M, from causes and an the date stated abave.
	Charles J. Hess M.D ATTENDING DIRECTOR DIRECTOR DIRECTOR 18-19-66
	NAME (Type) Smithston, Mid.
	230. BJRIAL, (REMATION, REMOVAL (Specify) BIT 191 231 DATE THEREOF 232. NAME OF CEMETERY OR (REMATORY 233. LOCATION (City or Topping Sh (County) ty (State) and Removal (Specify) 234. FUNERAL DIRECTOR 235. NAME OF CEMETERY OR (REMATORY 236. LOCATION (City or Topping Sh (County) ty (State) and Removal (Specify) ty (State) and Remova
3	24. FUNERAL DIRECTOR A. K. H. Coffnan Funeral Home, Inc. 250. RECD BY REGISTRAR 250 REGISTRAR'S SIGNATURE DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212014 CERTIFICATE OF DEATH death requires that the death certificate be executed within 24 hours after death. and completely filled in by the funeral remove carban papers. Pages 1 and 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Vashington please remove carban papers. Pages 1 I, and in any event, within 72 hours after MARYLAND b CITY OR TOWN (If outside corparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURA, and give nearest town) write RURAL and give nearest town) 1 Mo. 14 Day lavnesboro Pa. Rural. Hagerstown Md d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e IS RESIDENCE d. STREET ADDRESS ON A FARM? Avalon Manor Nursing Home 320 Barnett Ave. NO X 3 NAME OF First Middle 4. DATE Month Year Day DECEASED Anne Lillian Tucker August 19 (Type or print) DEATH S. SEX 6 COLOR OR RACE B DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 1F UNDER 24 HRS 7. MARRIED **NEVER MARRIED** last birthdoy) Hours Thite WIDOWED DIVORCED Dec. 19. Female 11. BIRTHPLACE (County & State, or fareign country) 16g, USUAL OCCUPATION (Give kind of work done 106. KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired)
School Teacher COUNTRY? INDLSTRY Merrimac, Mass. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remayal, hen Joseph Hosford Katherine Withers 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Tramestoro Pa. permit. (Yes, na, ar unknown) (If yes give war ar dates of service) Mrs. Malcolm L. Hardv. 320 Barnett Ave. crematian, INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line-for (a), (b), burial-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DIJE TO signed ! Conditions, if only, which gove rise to immediate cause (a), DUE TO stating the underlying cause as the priar tal Pa∎■ ■ may b■ retained by thm haspital ar attemding O FUNERAL DIRECTOR: After this certificate has been PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) WAS AUTOPS of for use of Health p PERFORMED? NO 20o. ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20c TIME OF INJURY Month, Day, Year farfary, street, affice bldg., etc.) Haur a.m. Not While at work 21. I certify that (1) (this haspital) attended the deceased fram and that death occurred M, fram causes and an the date stated above saw the deceased glive ap-22a. SIGNATURE 22b DATE SIGNED ATTENDING STAFF M.D DIRECTOR PHYS. directar, page 3 shauld be filed I W. MAIN ST. 22d. ADDRESS 22c PHYSICIAN'S WAYNESBORO, PA NAME (Type) 23g. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) Launhin Jo., Pa Harrisburg East Harrisburg Cemetery Cremation 24. FUNERAL DIRECTOR **ADDRESS** 2So REC'D BY REGISTRAR VR A15 (4) Waynesboro Pa. 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 11000 death. The law requires that the death certificate be executed within 24 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) attending physician and campletely filled in by the funeral permit. Then please remove capbon papers. Pages I and o. STATE Maryland a. COUNTY **b.** COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, Washington carbon, papers. Pages 1 int, within 72 haurs after MARYLAND CLENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest (awn) write RURAL and give nearest town) 8Men. Hagerstown Hagerstewn. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET AUDRESS e. IS RESIDENCE ON A FARM? Franklin St. Friendship Nursing Home YES . NO F NAME OF Middle Lost 4. DATE Manth Year Day DECEASED (Type or print) Watsen DEATH August F UNDER 24 HRS SEX 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED 8. OATE OF BIRTH (ast birthday) Months Dovs Hours WIDOWED # and in any White DIVORCED Female 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Home duties COUNTRY? A. INDUSTRY Littlestown, Pa. House work 14 MOTHER'S MAJOEN NAME 13. FATHER'S NAME Amanda Baer Jeseph Keefer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address permit. (Yes, na, or unknown) (If yes give war ar dates of service) 50 Mrs Derethy Geiger, Hagerstewn, cremotian. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) CONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires me Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause as the priar to b lost. 19. WAS AUTOPSY PERFORMEO? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) nse Health ! NO A la 205. DESCRIBE HOW MURRY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ot o detached (IF EITHER, NOTIFY MEDICAL EXAMINER) e Dept. 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Manth, Day, Year Not While factory, street, office bldg., etc.) of work 21. I certify that (1) (this haspital) attended the deceased fram "Way 1966 taling 11 , 1966, that (I) (we) last shauld Cere 10 19 Cob, and that death occurred of 9 _M, from causes and on the date stated above. saw the deceased olive on_ 220 SIGNATURE 22b. DATE SIGNED -12-61 M.D. DIRECTOR PHYS director, page 3 shauld be filed a 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) OTTTad 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION. 23b. DATE THEREOF (County) (State) REMOVAL (Specify)
Burial Olivet Cemetery Hanever 256. REGISTRAR'S SIGNATURE 25g. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR **ADDRESS** Ocharlen VR A15 (4) 1966 20 M 1/66

All the state of t Legender of the state of the st The Astronomy of the Control of the the development of the state of 1/25/19 Komile Wilse THE SPANS - TORSES and the selection of th The second secon Her Total Wis Little Boundary Committee Commit Live to the or advisor by the section of the sectio